

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000001326

1. Entity Name

BRADENTON SHUFFLEBOARD CLUB INC.



Principal Place of Business

1525 8TH AVE DR W
BRADENTON FL 34205
US

Mailing Address

1525 8TH AVE DR W
BRADENTON FL 34205
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-0690106

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WODA, JOSEPH
9910 SUNCREST ST.
PARRISH FL 34219

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joseph Woda

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-9-05

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, SHIRLEY F	
STREET ADDRESS	126 HUMMINGBIRD AVE.	
CITY- ST- ZIP	ELLENTON FL 34222	
TITLE	P	<input type="checkbox"/> Delete
NAME	JONES, FRED	
STREET ADDRESS	126 HUMMINGBIRD AVE.	
CITY- ST- ZIP	ELLENTON FL 34222	
TITLE	P	<input type="checkbox"/> Delete
NAME	BAILEY, JAMES E	
STREET ADDRESS	5619 BAYSHORE RD. #139	
CITY- ST- ZIP	PALMETTO FL 34221	
TITLE	FS	<input type="checkbox"/> Delete
NAME	WILE, NORMAN	
STREET ADDRESS	4KK 49TH C AVE	
CITY- ST- ZIP	BRADENTON FL 34203	
TITLE		<input type="checkbox"/> Delete
NAME	SNYDER, ALLEN	
STREET ADDRESS	2009 24TH AVE W	
CITY- ST- ZIP	BRADENTON FL 34205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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05/13/05-80004-012 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Norman R. Wile

NORMAN R. WILE

5/11/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #