## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## May 03, 2004 8:00 am **Secretary of State DOCUMENT #744176** 05-03-2004 90684 011 \*\*\*\*61.25 PALM BEACH COUNTY DARTING ASSOCIATION, INC. Principal Place of Business Mailing Address 901 CRACKER STREET P O BOX 20023 74010\*~ WEST PALM BEACH, FL 33413 WEST PALM BEACH, FL 33416 IK 2. Principal Place of Business 3. Maiino Address Suite, Apt. #. etc. Suite, Apt. #, etc. 04282004 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number NOT APPLICABLE Applied For Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHWAB, JAMES 901 CRACKER STREET WEST PALM BEACH, FL 33413 8. The above named entity submits this statement for the outpose of changing its registered office or registered agent, py boyh, in the State of Florida. I am familiar with, and accept SIGNATURE Signature, wheat or preside name of registered agent and site if appreciate, (NOTE: Fing stated Age 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to $\Box$ Due by May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE TITLE Delete ☐ Addition Joe Reckers SCHWAB, JAMES NAME 5130 Society Place W Apt H STREET ADDRESS 901 CRACKER STREET STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33413 CITY-ST-789 TITLE Delete TITLE ☐ Change ☐ Addition SCHWAB, TERRI NAME STREET ADDRESS 901 CRACKER STREET STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33413 CITY-ST-78P TITLE Delete 1111.5 SD Change Change **X** Addition Becky Jordan 579 Talluluh Pr NAME RECKERS, JOE KÄME STREET ADORESS STREET ADDRESS 5130 SOCIETY PL W APT H CITY-ST-ZEP WEST PALM BEACH, FL 33415 CITY-ST-ZIP Lantana, Fl 33461 TITLE Deleta Addition THE ☐ Change Chris Cummins 5130 Society Place W Apt H WPA FL 33415 GREENE, MARSH **LAME** KAME STREET ADDRESS 1235 12TH FAIRWAY STREET ADDRESS CITY-ST-ZIP PHY-ST-7P WELLINGTON, FL 33463 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or suppliemental report is plue 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 of trustee emportage in block 10 or Block 11 if changed, or on an attachment with an address, with efforter like empowered.

FILED

G OFFICER OR DIRECTOR