

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744176

FILED  
Aug 11, 2005  
Secretary of State

Entity Name: PALM BEACH COUNTY DARTING ASSOCIATION, INC.

**Current Principal Place of Business:**

901 CRACKER STREET  
WEST PALM BEACH, FL 33413 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 20023  
WEST PALM BEACH, FL 33416 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SCHWAB, TERRI  
901 CRACKER STREET  
WEST PALM BEACH, FL 33413 US

**Name and Address of New Registered Agent:**

SCHWAB, TERRI TREASUR  
901 CRACKER STREET  
WEST PALM BEACH, FL 33413 US

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.

SIGNATURE: TERRI SCHWAB

08/11/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RECKERS, JOE  
Address: 5130 SOCIETY PLACE N APT H  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: TD ( ) Delete  
Name: SCHWAB, TERRI  
Address: 901 CRACKER STREET  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: SD ( ) Delete  
Name: JORDAN, BECK  
Address: 579 TALLULUH DR  
City-St-Zip: LAKE WORTH, FL 33461

Title: VP ( ) Delete  
Name: CUMMINS, CHRIS  
Address: 5130 SOCIETY PLACE W APT H  
City-St-Zip: WEST PALM BEACH, FL 33415

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: RECKERS, JOE  
Address: 5130 SOCIETY PLACE N APT H  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: PHILLIPS, DAVE  
Address: 5130 SOCIETY PLACE W APT H  
City-St-Zip: WEST PALM BEACH, FL 33415

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRI SCHWAB

TD

08/11/2005

Electronic Signature of Signing Officer or Director

Date