


**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

4/

55045374

DOCUMENT # 744176			
1. Entity Name PALM BEACH COUNTY DARTING ASSOCIATION, INC.			
Principal Place of Business 4782 CHERRY ROAD WEST PALM BEACH FL 33417 US		Mailing Address P O BOX 20023 WEST PALM BEACH FL 33416 US	
2. Principal Place of Business 901 Cracker St		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WPB, FL		City & State	
Zip 33413	Country USA	Zip	Country
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PORTER, MARK 4782 CHERRY ROAD WEST PALM BEACH FL 33417		7. Name and Address of New Registered Agent Name James Schwab Street Address (P.O. Box Number is Not Acceptable) 901 Cracker Street WPB, FL City WPB, FL Zip Code 33413	
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 James Schwab - President DATE 4/3/03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW: FEE IS \$81.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO PORTER, MARK 4782 CHERRY ROAD WEST PALM BEACH FL 33417 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D President James Schwab 901 Cracker St. WPB, FL 33413 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLOYD, ADAM 4981 BROADSTONE CIRCLE WEST PALM BEACH FL 33417 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Treasurer Terri Schwab 901 Cracker St WPB FL 33413 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YOUNG, BECKY P O BOX 20023 WEST PALM BEACH FL 33415 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Secretary Joe Reckers 5130 Society Pl. W. Apt. H WPB, FL 33415 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JD BLOOM, ELIZABETH 3724 VICTORIA DRIVE WEST PALM BEACH FL 33408 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREENE, MARSH 1235 12TH FAIRWAY WELLINGTON FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 supplemental reports 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: Terri Schwab		SIGNATURE: Terri Schwab - Treasurer DATE 4/3/03 561-9578 <small>Signature and typed or printed name of signing officer or director</small>	

CR20037 (10/02)