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95 MAY -1 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **748652** **(5)**

1. Corporation Name

CENTRAL FLORIDA DARTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 4023 WINTER PARK FL 32793	P.O. BOX 4023 WINTER PARK FL 32793

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/27/1979**
3a. Date of Last Report: **04/29/1994**
4. FEI Number: **59-2385141** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

KEMMERER, BEVERLY
219 SLADE LANE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and the address of (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	TOLLE, BOB	12 NAME	
STREET ADDRESS	2113 SHADY LN	13 STREET ADDRESS	
CITY ST ZIP	GENEVA FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	LINDSAY, JIM	22 NAME	YATES, MIKE
STREET ADDRESS	20669 MALLARD PKWY	23 STREET ADDRESS	8716 SUBURBAN DR
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	ORLANDO, FL
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	KEMMERER, BEVERLY	32 NAME	
STREET ADDRESS	219 SLADE LANE	33 STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL 32750	34 CITY ST ZIP	
TITLE	TD	41 TITLE	TD ☒ Change ☐ Addition
NAME	KIRK, MIKE	42 NAME	O'KEEFE, JOANN
STREET ADDRESS	1828 AMBERLY AVE	43 STREET ADDRESS	835 GEORGIA AVE
CITY ST ZIP	ORLANDO FL	44 CITY ST ZIP	LONGWOOD, FL
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joann O'Keefe 4-28-95 407 648 0486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000307