

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004005

FILED
Apr 13, 2009
Secretary of State

Entity Name: FLORIDA DART ASSOCIATION, INC.

Current Principal Place of Business:

2517 SE DOGWOOD AVE
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

2517 SE DOGWOOD AVE
PORT SAINT LUCIE, FL 34952

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONARD, DONALD L JR
2517 SE DOGWOOD AVE
PORT SAINT LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DOUGHERTY, KELLI
Address: 1622 PAULA DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP (X) Delete
Name: DANTINNE, RICHIE
Address: 12640 PONY LANE
City-St-Zip: HUDSON, FL 34669

Title: S () Delete
Name: STOKES, DANA
Address: 918 BLACKWOOD AVE
City-St-Zip: TALLAHASSEE, FL 32302

Title: T () Delete
Name: LEONARD, DONALD L JR
Address: 2517 SE DOGWOOD AVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: MD () Delete
Name: MCLLROY, RALPHY
Address: 579 TALLULAH RD
City-St-Zip: LANTANA, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DONALD L LEONARD JR

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04/13/2009

Electronic Signature of Signing Officer or Director

Date