2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 8:00 am Secretary of State

1. Entity Nam	MEN I # NU4336 RD COUNTY DARTING ASS	SOCIA ⁻	FION, INC.					04-25-20	05 902	261 008 ****	61.25
Principal Place of Business 5712 SETON DRIVE MARGATE, FL 33063		Mailing Address P.O. BOX 4623 GATEWAY STN. FT. LAUDERDALE, FL 33338-4623									
2. Principal Place of Business		3. Mailing Address				L KANTIKAN BU				IEINAN DI IAAN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					04142005	Chg-NP	С	R2E037 (10/03)	ı
City & State		City & State					4. FEI Numbe NOT AF	PLICABLE			Applied For Not Applicable
Zip	Country	Zij		Cou	intry		5. Certificate	of Status Desire	∌d [\$8.75 A	
	6. Name and Address of Current	Registere	d Agent				7. Name and	Address of Ne	w Regis	itered Agent	
HAYES	ORRAINE S	-		~	- Name						
HAYES, LORRAINE S 3914 NW 88TH TERRACE CORAL SPRINGS, FL 33065						ddress (f	P.O. Box Numbe	er is Not Accep	table)		
					City					FL Zip Co	de
	named entity submits this statement fo tions of registered agent.	or the purp	ose of changing its r	egistere	ed office o	r register	ed agent, or bo	th, in the State o	f Florida	. I am familiar wit	n, and accept
SIGNATURE		and title if ap	olicable. (NOTE:	Registere	d Agent signat	ture required	when reinstating)			DATE	
SIGNATURE	Signature, typed or printed name of registered agent	and title if app		· · ·	·	ture required	when reinstating)		Maka		
SIGNATURE		and title if ap	9. Election Cam Trust Fund Ca	paign F	inancing	ture required	when reinstating) \$5.00 May B Added to Fees			DATE Check payable Department of	
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee Is \$61.25		9. Election Carn Trust Fund Ca	paign F	inancing		\$5.00 May B Added to Fees	ANGES TO OFF	Florida	check payable	State
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIF PD TEIXERA, DANE 2350 SW 18TH AVE.	RECTORS	9. Election Carn Trust Fund Ca	paign Fontributi	inancing ion.	G09	\$5.00 May B Added to Fees	ANGES TO OFF	Florida	check payable Department of	State IN 10
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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 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment withyan address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

MILL HOUSE OF BIGHING OFFICER OF DIRECTOR SIGNATURE AND TYPED OR BRID