


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				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 32793-4023		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/27/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. Date of Last Report	
22		27		08/20/1996	
City & State		City & State		4. FEI Number	
23		28		59-2385141	
Zip		Zip		Applied For	
24		29		<input checked="" type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired	
25		30		<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
O'KEEFE, JOANN 835 GEORGIA AVE. LONGWOOD FL 32750			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			Longwood FL 85 Zip Code		
			32750		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE <i>[Signature]</i> DATE 2/18/97					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> DELETE	TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKWELDER, ERL D		1.1 NAME	William J Jervis	
STREET ADDRESS	4458 S. SANFORD AVE		1.2 STREET ADDRESS	2527 Middleton Ave	
CITY - ST - ZIP	SANFORD FL 32773		1.3 CITY - ST - ZIP	Winter Park, FL 32792	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLOCK, MARK A		2.2 NAME	Michael Bermudez	
STREET ADDRESS	650 NORTHCLIFF AVE.		2.3 STREET ADDRESS	488 Sunlake Loop Apt #210	
CITY - ST - ZIP	DELTONA FL 32738		2.4 CITY - ST - ZIP	Lake Mary, FL 32746	
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHAFFER, DEBORAH		3.2 NAME	Jill A Jones	
STREET ADDRESS	136 SCOTSDALE SQUARE		3.3 STREET ADDRESS	5423 Kingfish St	
CITY - ST - ZIP	WINTER PARK FL 32782		3.4 CITY - ST - ZIP	Orlando, FL 32812	
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OKEEFE, JOANN		4.2 NAME	Joann Okeefe	
STREET ADDRESS	835 GEORGIA AVE.		4.3 STREET ADDRESS	817 Orange Ave	New Address.
CITY - ST - ZIP	LONGWOOD FL 32750		4.4 CITY - ST - ZIP	Longwood FL 32750	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		
14. I do 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 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 in an attachment with an address.					
SIGNATURE: <i>[Signature]</i> DATE 2-18-97 DAYTIME PHONE # 407 246 6606					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E037 (9/96)