

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

O'KEEFE, JOANN
817 ORANGE AVE
LONGWOOD FL 32750

3. Date Incorporated or Qualified

08/27/1979

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. Is this nonprofit corporation a homeowners' association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D PD ☒ DELETE
NAME JERVIS, WILLIAM J.
STREET ADDRESS 2527 MIDDLETON AVE
CITY-ST-ZIP WINTER PARK FL

TITLE D VD ☒ DELETE
NAME BERMUDEZ, MICHAEL
STREET ADDRESS 488 SUNLAKE LOOP APT #2210
CITY-ST-ZIP LAKEMARY FL

TITLE D S ☒ DELETE
NAME JONES, JILL A.
STREET ADDRESS 5423 KINGFISH ST.
CITY-ST-ZIP ORLANDO FL

TITLE TD ☐ DELETE
NAME O'KEEFE, JOANN
STREET ADDRESS 817 ORANGE AVE
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD President ☒ Change ☐ Addition
1.2 NAME MARK VENABLE
1.3 STREET ADDRESS 603 Lakeshore Circle
1.4 CITY-ST-ZIP Orlando, FL 32828

2.1 TITLE VD Vice President ☒ Change ☐ Addition
2.2 NAME Mindi Border
2.3 STREET ADDRESS 2502 Center Ave
2.4 CITY-ST-ZIP Orlando FL 32806

3.1 TITLE S ☒ Change ☐ Addition
3.2 NAME Beverly Kemmerer
3.3 STREET ADDRESS 219 Shady Lane
3.4 CITY-ST-ZIP Longwood FL 32750

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-98 4072466666

FILED
Sep 10 1998 8:00am
Secretary of State



CR2E037 (5/98)