SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90015 043 ****61.25

DOCUMENT #

1. Corporation Name

CENTRAL FLORIDA DARTS ASSOCIATION, INC.

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

Mailing Address

P.O. BOX 4023

WINTER PARK FL 32793

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For Appli	2. Principal Place of Business		2a. Mailing Address		08/27/1979		
City & State Zip Country Election Campaign Financing Added to Fees Trust Fund Contribution Added to Fees Private Fund Contribution Added to Fees Street Address of New Registered Agent All Name and Address of New Registered Agent C'KEEFF, JOANN 817 ORANGE AVE LONGWOOD FL 32750 Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32750 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, and familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD OFFICERS AND DIRECTORS IN 12 TITLE PD OFFICERS AND DIRECTORS IN 12 TITLE PD ORLANDO FL 32828 ORLANDO FL 32828 ORLANDO FL 32828 ORLANDO FL 328266 CITY-ST-ZP ORLANDO FL 32806	, ,, .					 '' - 	
Zip Country Zip Country Zip Country 6. Election Campaign Financing S5.00 May Be Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name O'KEEFE, JOANN 817 ORANGE AVE LONGWOOD FL 32750 83 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, and find in applications of Sections 617.0503, Florida Statules. SIGNATURE Signatify, hypod or physical rame of registering light and tills if applicable. NOTE Registered Agent signature required when reinstalling) DATE 12. OFFICERS AND DIRECTORS 11. TITLE PD DELETE 1.1 TITLE NAME SIRREET ADDRESS CITY-ST-ZP ORLANDO FL 32828 ORLANDO FL 328086 ORLANDO FL 328066 OVERAGE Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name Address of New Registered Agent 12. TITLE PD DATE DATE	City & State		City & State			\$8.75 Additional	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 13. Street Address (P.O. Box Number is Not Acceptable) 14. Dorse Stock (P.O. Box Number is Not Acceptable) 15. Street Address (P.O. Box Number is Not Acceptable) 16. Street Address (P.O. Box Number is Not Acceptable) 17. 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 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, and the supplement agent. I am familiar with, and ageoth the obligations of, Section 617.0503, Florida Statutes. 15. Signature (P.O. Box Number is Not Acceptable) 16. Street Address (P.O. Box Number is Not Acceptable) 17. 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 agent agent in the purpose of changing its registered agent of the purpose of changing its registered agent agent in the purpose of changing its registered agent agent in the purpose of changing its registered agent agent in the purpose of changing its registered agent agent in the purpose of changing its registered agent agent in the purpose of changing its registered agent a		Country		Country		* '	
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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 or 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 and the if applicable. SIGNATURE SIGNATURE	817 ORA	NGE AVE		82 Street Add		+1071	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment of registered agent and statutes. SIGNATURE Signature, typed or phated name of registered spent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS IN 12 TITLE PD	84				MORIE GRITIGO		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 TITLE VENABLE, MARK 12 NAME STREET ADDRESS CITY-ST-ZIP TITLE VD DELETE 2.1 TITLE NAME BORDER, MINDI STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-ZIP ORLANDO FL 32806	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE TREASURER 7-11-99						
TITLE							
NAME		******			7. 1.12		
STREET ADDRESS G03 LAKEHAVEN CIRCLE 1.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32828 1.4 CITY-ST-ZIP		· -					
CITY-ST-ZIP	1						
TITLE VD		• • • • • • • • • • • • • • • • • • •					
NAME BORDER, MINDI 22 NAME			□ DELETE			☐ Change ☐ Addition	
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CITY-ST-ZIP ORLANDO FL 32806 2.4 CITY-ST-ZIP	}						
City State Control Con		— -		# ·			
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10NGWOOD FL 32750 34 CHY-ST-71P Winter Parts, FL 32752		•		3.3 STREET ADDRESS J	821 Whitney Way #101		
	CITY-ST-ZIP	LONGWOOD FL 32750		3.4. CITY-ST-ZIP	Unter Park, FL 32792		

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

Roth, MARY

4.1 TTLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

14. 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 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, with all other like empowered.

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TILE

NAME

TITL F

NAME

TITLE

NAME

OKEEFE, JOANN

817 ORANGE AVE

LONGWOOD FL

DELETE

☐ DELETE

DELETE

Change

☐ Change

17014 bul& nowa

☐ Addition

Addition

4116