

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 # 748652

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

O'KEEFE, JOANN
817 ORANGE AVE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

Roth, Mary G.

82 Street Address (P.O. Box Number is Not Acceptable)

665 Jamestown Blvd #1071

83

84 City

Altamonte Springs FL

85 Zip Code

32714

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

Mary G. Roth

MARY G. ROTH TREASURER

7-11-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
VENABLE, MARK
603 LAKEHAVEN CIRCLE
ORLANDO FL 32828

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD
BORDER, MINDI
2502 CENTER AVE
ORLANDO FL 32806

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD
KEMMERER, BEVERLY
219 SLADE LANE
LONGWOOD FL 32750

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD
OKEEFE, JOANN
817 ORANGE AVE
LONGWOOD FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

SD
Bradley P. Gronli
1821 Whitney Way #101
Winter Park, FL 32792

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TD
Roth, Mary G.
665 Jamestown Blvd #1071
Altamonte Springs FL 32714

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

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☐ Addition

☐ Change

☐ Addition

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: Bradley P. Gronli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jul 11, 1999 407 475-5721

Date

Daytime Phone #

CR2E037 (5/99)

0011221