## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 12, 2004 8:00 am Secretary of State

| DOCUMENT # 748652  1. Entity Name CENTRAL FLORIDA DARTS ASSOCIATION, INC.  |  |  |  |  | 03   | 03-12-2004 90030 014 ****61.25  |   |   |  |
|--|--|--|--|--|--|---|---|---|--|
| Principal Place of Business Mailing Address P.O. BOX 2244 GOLDENROD, FL 32733 Mailing Address P.O. BOX 2244 GOLDENROD, FL 32733  |  |  |  |  |  | EKZ SIJOJ SIJID (JEJ 2181) J  | 1180 SISH SISH SIN MA                                   | 1111 <b>0</b> 11 <b>0</b> 11 ( <b>0</b> 01) |  |
| Principal Place of Business     3. Mailing Address   |  |  |  | <u>-</u>   |  |   |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                                |  |  | 03072004 Ch  | g-NP CF   | R2E037 (10/03)  |   |  |
| City & State   |  | City & State                                       |  | 4. FEI Number 59-238514  | 1  | ——— <u>—</u>  | oplied For  |   |  |
| Zip  | Country  | Zip  | Count  | try  | 5. Certificate of Sta  | atus Desired  | \$8.75 Add<br>Fee Require                               |   |  |
|  | 6. Name and Address of Current   | Registered Agent                                   |  |  | 7. Name and Add  | ess of New Regist   | ered Agent  |   |  |
| HOLM, COREY L<br>321 LIVE OAK BLVD   |  |  |  | Name Street Address (P.O. Box Number is Not Acceptable)                                  |  |   |   |   |  |
| SANFORD  | ), FL 32773  |  | -  | - <u></u>  |  |   |   |   |  |
|  |  |  |  | City   | FL Zip Code  |   |   |   |  |
|  | named entity submits this statement for ions of registered agent.  | or the purpose of changing it                      | s registered   | office or regis  | tered agent, or both, in   | the State of Florida.   | I am familiar with,                                     | and accept                                  |  |
| SIGNATURE .  |  |  |  |  |  |   |   |   |  |
| GIGHT (FOILE)  | Signature, typed or printed name of registered agen  | and title if applicable. (NC                       | TE: Registered A   | Agent signature requ   | rired when reinstating)  | <u>.                                      </u>  | DATE  |   |  |
| ordin trong  |  | 9. Election Ca                                     |  | ancing   | \$5.00 May Be<br>Added to Fees   | Make (  | check payable t<br>Department of S                      |   |  |
| 10.  | Signature, typed or printed name of registered agen  | 9. Election Ca<br>Trust Fund                       | ampaign Fina   | ancing   | \$5.00 May Be<br>Added to Fees   | Make (<br>Florida D   | check payable t<br>Department of S                      | tate  |  |
|  | Signature, typed or printed name of registered agen<br>Filling Fee is \$61.25<br>Due by May 1, 2004  | 9. Election Ca<br>Trust Fund                       | ampaign Fina Contribution 11. TITLE NAME   | ancing n   | \$5.00 May Be<br>Added to Fees<br>ADDITIONS/CHANGE<br>NET, Kennet<br>Patrick Oly                   | Make of Florida E<br>Florida E<br>S TO OFFICERS AN<br>L<br>L<br>L<br>L<br>L<br>L<br>L<br>L<br>L<br>L<br>L<br>L<br>L<br>L<br>L<br>L<br>L<br>L<br>L   | check payable to Department of S                        | tate  |  |
| 10. TITLE NAME STREET ADDRESS  | Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DI  PD  MILLER, KENNETH C  1705 WAYNE DRIVE   | 9. Election Ca<br>Trust Fund                       | ampaign Fina<br>Contribution<br>11.<br>TITLE<br>NAME<br>STREET<br>CITY-ST  | ADDRESS ADDRESS  | \$5.00 May Be<br>Added to Fees<br>ADDITIONS/CHANGE   | Make of Florida E<br>Florida E<br>S TO OFFICERS AN<br>L<br>L<br>L<br>L<br>L<br>L<br>L<br>L<br>L<br>L<br>L<br>L<br>L<br>L<br>L<br>L<br>L<br>L<br>L   | check payable to Department of S                        | tate  |  |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DI  PD MILLER, KENNETH C 1705 WAYNE DRIVE MELBOURNE, FL 32901  DV GRONLI, EDA 1821 WHITNEY WAY #101   | 9. Election Ca<br>Trust Fund<br>RECTORS            | ampaign Fina Contribution 11. TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME NAME NAME   | ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS 3 4                                 | \$5.00 May Be<br>Added to Fees<br>ADDITIONS/CHANGE<br>WER, Kennet<br>& Patrick Civ                 | Make of Florida Description of the Color of | Check payable to Department of SIND DIRECTORS IN Change | tate N 10 Addition                          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DI  PD  MILLER, KENNETH C 1705 WAYNE DRIVE  MELBOURNE, FL 32901  DV  GRONLI, EDA 1821 WHITNEY WAY #101  WINTER PARK, FL 32792  SD  MILLER, TERESA A 1705 WAYNE DRIVE  | 9. Election Ca Trust Fund  RECTORS  Delete         | ampaign Fina Contribution 11. TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST  | ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP                | \$5.00 May Be<br>Added to Fees<br>ADDITIONS/CHANGE<br>HER, Kennet<br>& Patrick Civ<br>LI bourne, A | Make of Florida Description of the Color of | Check payable to Department of SIND DIRECTORS IN Change | Addition                                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DI  PD MILLER, KENNETH C 1705 WAYNE DRIVE MELBOURNE, FL 32901  DV GRONLI, EDA 1821 WHITNEY WAY #101 WINTER PARK, FL 32792  SD MILLER, TERESA A 1705 WAYNE DRIVE MELBOURNE, FL 32901  TD HOLM, COREY L 321 LIVE OAK BLVD | 9. Election Ca Trust Fund  RECTORS  Delete  Delete | ampaign Fina Contribution  11. TITLE NAME STREET CITY-ST  TITLE NAME STREET CITY-ST | ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP | \$5.00 May Be<br>Added to Fees<br>ADDITIONS/CHANGE<br>HER, Kennet<br>& Patrick Civ<br>LI bourne, A | Make of Florida Description of the Color of | Change  | Addition  Addition  Addition                |  |

12. I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Delica Aniela Teresa A. M.: Hey, Secretary 3/5/04 321-733-734.