

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760023 (2)

1. Corporation Name

PANHANDLE DARTING ASSOCIATION, INC.



Principal Place of Business

6119 CONFEDERATE DR
PENSACOLA FL 32503

Mailing Address

6119 CONFEDERATE DR
PENSACOLA FL 32503

3. Date Incorporated or Qualified
09/14/1981

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 7333 PINE FOREST Rd.

26 7333 PINE FOREST Rd

4. FEI Number
59-2890487

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Lot 190

27 Lot 190

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 PENSACOLA, FLORIDA

28 PENSACOLA, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32526

25 ESCAMBIA

29 32526

30 ESCAMBIA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOKE, HOWARD JR.
6119 CONFEDERATE DR.
PENSACOLA FL 32503

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME COOKE, HOWARD JR.
STREET ADDRESS 6119 CONFEDERATE DR.
CITY-ST-ZIP PENSACOLA FL 32503

1.1 TITLE ~~PD~~
1.2 NAME ~~COOKE, HOWARD JR.~~
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD
NAME CAMPBELL, BETH
STREET ADDRESS 7333 PINE FOREST RD. #190
CITY-ST-ZIP PENSACOLA FL 32526

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME SHWARTZ, LEON
STREET ADDRESS P.O. BOX 37387 N/A
CITY-ST-ZIP PENSACOLA FL 32526

3.1 TITLE VD
3.2 NAME BROWNE, STEPHANIE
3.3 STREET ADDRESS 2520 CROCKET RD.
3.4 CITY-ST-ZIP CAUTIONMENT FLORIDA 32533

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Beth Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

Date

944-5823

Daytime Phone #

CR2E037 (12/95)