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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 760023

1. Corporation Name.

PANHANDLE DARTING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7333 PINE FOREST RD. #53 PENSACOLA FL 32526 US

7333 PINE FOREST RD. #53 PENSACOLA FL 32526 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 5695 MIFFLIN AVE

26 P.O. Box 37705

09/14/1981

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

4. FEI Number

Applied For

59-2890487

Not Applicable

23 PENSACOLA FL

28 PENSACOLA FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 32526 25 US

29 32526 30 US

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, BONNIE 7333 PINE FOREST RD. #53 PENSACOLA FL 32526

81 Name JERRY ROSS

82 Street Address (P.O. Box Number is Not Acceptable) 5695 MIFFLIN AVE

83

84 City PENSACOLA FL 85 Zip Code 32526

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 617.0502, Florida Statutes.

SIGNATURE JERRY ROSS

4-6-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

1.1 TITLE Change Addition

NAME DAVIS, BONNIE
STREET ADDRESS 7333 PINE FOREST RD. #53
CITY-ST-ZIP PENSACOLA FL 32526

1.2 NAME P.O. Box 37706
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE

2.1 TITLE Change Addition

NAME BROWNE, STEPHANIE
STREET ADDRESS 2520 CROCKETT RD.
CITY-ST-ZIP CANTONMENT FL 32533

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE

3.1 TITLE Change Addition

NAME ROSS, JERRY
STREET ADDRESS 5695 MIFFLIN AVENUE
CITY-ST-ZIP PENSACOLA FL 32526

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE

4.1 TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE

5.1 TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE

6.1 TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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: SIGNATURE REQUIRED

4-6-99 950 944-4934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1-1/98)