2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007718

FILED Apr 13, 2005 Secretary of State

Entity Name: DARLINGTON COMMUNITY CENTER ASSOCIATION, INC. **New Principal Place of Business: Current Principal Place of Business:** 36 ESCAMBIA ST WESTVILLE, FL 32464 **Current Mailing Address: New Mailing Address:** 36 ESCAMBIA ST WESTVILLE, FL 32464 FEI Number: 34-1991145 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, TERRY 1901 STATE HWY 2 E DEFUNIAK SPRINGS, FL 32433 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CARVER, SHARON Name: Name: Address: 677 OAK GROVE RD Address: City-St-Zip: WESTVILLE, FL 32464 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SMITH, TERRY Name: Address: 1901 STATE HWY 2 E Address: City-St-Zip: DEFUNIAK SPRINGS, FL 32433 City-St-Zip: Title: (X) Delete Title: () Change () Addition CAMPBELL, DEBORA Name: Name: Address: 5723 STATE HWY 2 E Address: City-St-Zip: WESTVILLE, FL 32464 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON CARVER SECR 04/13/2005