

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007718

FILED  
Apr 03, 2006  
Secretary of State

**Entity Name:** DARLINGTON COMMUNITY CENTER ASSOCIATION, INC.

**Current Principal Place of Business:**

36 ESCAMBIA ST  
WESTVILLE, FL 32464

**New Principal Place of Business:**

**Current Mailing Address:**

36 ESCAMBIA ST  
WESTVILLE, FL 32464

**New Mailing Address:**

**FEI Number:** 34-1991145

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, TERRY  
1901 STATE HWY 2 E  
DEFUNIAK SPRINGS, FL 32433 US

**Name and Address of New Registered Agent:**

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:**

Title: D ( ) Delete  
Name: CARVER, SHARON  
Address: 677 OAK GROVE RD  
City-St-Zip: WESTVILLE, FL 32464

Title: D ( ) Delete  
Name: SMITH, TERRY  
Address: 1901 STATE HWY 2 E  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TERRY SMITH

PRES

04/03/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date