

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007964

FILED
Apr 10, 2009
Secretary of State

Entity Name: THE CITRUS DART ASSOCIATION, INC

Current Principal Place of Business:

6114 WENDEL WAY
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

PO BOX 464
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 26-2106145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OSBORN, TAMMY L
6114 WENDEL WAY
LAKELAND, FL 33813 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: P () Delete
Name: STRATTON, GARY
Address: 11735 OLD DADE CITY RD
City-St-Zip: KATHLEEN, FL 33849

Title: VP () Delete
Name: POUNDS, DENISE L
Address: 6114 WENDEL WAY
City-St-Zip: LAKELAND, FL 33813

Title: T () Delete
Name: OSBORN, TAMMY L
Address: 6114 WENDEL WAY
City-St-Zip: LAKELAND, FL 33813

Title: ST () Delete
Name: STRATTON, JOELLEN
Address: 11735 OLD DADE CITY RD
City-St-Zip: KATHLEEN, FL 33849

Title: S () Delete
Name: TORMOLHIN, VIRGINIA
Address: LAKE BREEZE
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CULLEN, WILLIAM
Address: PO BOX 464
City-St-Zip: LAKELAND, FL 33802

Title: VP (X) Change () Addition
Name: TORMOLHEN, BARRY
Address: 5812 LAKE BREEZE
City-St-Zip: LAKELAND, FL 33810

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

Title: ST (X) Change () Addition
Name: POUNDS, DENISE
Address: 6114 WENDEL WAY
City-St-Zip: LAKELAND, FL 33813

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

I hereby certify that the information supplied with this filing does not qualify 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: TAMMY L OSBORN

T

04/10/2009

Electronic Signature of Signing Officer or Director

Date