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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N11812

1. Corporation Name

CENTRAL FLORIDA PROPRIETORS' DARTING ASSN., INC.

Principal Place of Business

C/O HOWARD KELLY
1312 BLUE MOON LANE
FRUITLAND PARK FL 34731-3012

Mailing Address

C/O HOWARD KELLY
1312 BLUE MOON LANE
FRUITLAND PARK FL 34731-3012



2. Principal Place of Business

21 **COUNTY LINE BAR**

Suite, Apt. #, etc.

22 **17474 Hwy 25**

City & State

23 **WEIRSDALE FL**

Zip Country

24 **32195** 25 **MARION**

2a. Mailing Address

26 **% COUNTY LINE BAR**

Suite, Apt. #, etc.

27 **P.O. Box 6**

City & State

28 **LEESBURG, FL**

Zip Country

29 **32195** 30 **LAKE**

3. Date Incorporated or Qualified

10/30/1985

4. FEI Number

59-2626211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

**KELLY, HOWARD
1312 BLUE MOON LANE
FRUITLAND PARK FL 34731**

10. Name and Address of New Registered Agent

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

TITLE **D** ☐ DELETE
NAME **KELLY, HOWARD**
STREET ADDRESS **1312 BLUE MOON LANE**
CITY-ST-ZIP **FRUITLAND PARK FL**

TITLE **PD** ☒ DELETE
NAME **CHISHOLM, LARRY**
STREET ADDRESS **3320 NE 9 AVE**
CITY-ST-ZIP **OCALA FL**

TITLE **TD** ☒ DELETE
NAME **WILLIAMS, BRIAN**
STREET ADDRESS **3320 NE 9 AVE**
CITY-ST-ZIP **OCALA FL**

TITLE **SD** ☒ DELETE
NAME **THOMAS-RICE, VICKI**
STREET ADDRESS **5 PINE WAY COURT**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **S/T/D** ☐ Change ☒ Addition
2.2 NAME **WINNIE KELLY**
2.3 STREET ADDRESS **17474 Hwy 25**
2.4 CITY-ST-ZIP **WEIRSDALE, FL 32195**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard Kelly 2/5/99 352 821-3998

Date

Daytime Phone #

CR2E037 (1/98)