FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 29 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25283 (5)

1. Corporation Name

CITRUS DART LEAGUE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5018 GREENBROOK LN P.O. BOX 1896 LAKELAND FL 33811 US	5018 GREENBROOK LN P.O. BOX 1896 LAKELAND FL 33811 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1988
3a. Date of Last Report: 06/10/1994
4. FEI Number: 59-2880859 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 5121 Bonnybrook Dr E	26 5121 Bonnybrook Dr E.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lakeland, Florida	City & State 28 Lakeland, Florida
Zip 24 33811 Country 25 Polk	Zip 29 33811 Country 30 Polk

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ELLIOTT, KAY
5018 GREENBROOK LN
LAKELAND FL 33811

10. Name and Address of New Registered Agent

81 Name: Demaris L. Mills
82 Street Address (P.O. Box Number is Not Acceptable): 5121 Bonnybrook Dr. E.
83
84 City: Lakeland FL 85 Zip Code: 33811

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Demaris L Mills — 2/28/95
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	D	1.1 TITLE	VD Vice President ☒ Change ☐ Addition
NAME	EVANS, WILLIAM E.,JR.	1.2 NAME	Kay Elliott
STREET ADDRESS	341 W DAVIDSON STE 301	1.3 STREET ADDRESS	5018 Greenbrook Ln
CITY-ST-ZIP	BARTOW FL	1.4 CITY-ST-ZIP	Lakeland, FL 33811
TITLE	PD	2.1 TITLE	PD President ☒ Change ☐ Addition
NAME	OSBORNE, NORMAN	2.2 NAME	Phillip Guerard
STREET ADDRESS	2415 KYLE STREET	2.3 STREET ADDRESS	6340 Hwy 60 #4
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Mulberry, FL 33860
TITLE	STD	3.1 TITLE	STD Secretary-Treasurer ☒ Change ☐ Addition
NAME	ELLIOTT, KAY	3.2 NAME	Demaris L. Mills
STREET ADDRESS	5018 GREENBROOK LN	3.3 STREET ADDRESS	5121 Bonnybrook Dr. E.
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Lakeland, FL 33811
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	100001443244
TITLE		5.1 TITLE	-03/29/95--01095--020 ☐ Change ☐ Addition
NAME		5.2 NAME	****130.00 ****130.00
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Demaris L Mills — Demaris L. Mills — 2/28/95 — 813-644-8778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067231