

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
 Hugh B. McInnis
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **N31608 (5)**
 1. Corporation Name
LAKELAND AREA DART LEAGUE ASSOCIATION, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 MAY -1 AM 11:25

Principal Place of Business: **1318 N GLEN LANE LAKELAND FL 33813**
 Mailing Address: **P.O. BOX 3584 LAKELAND FL 33802-3584 US**

2. Principal Place of Business: **21 805 Susan Drive**
 2a. Mailing Address: **26 805 Susan Drive**
 22 City & State: **23 Lakeland, FL**
 27 City & State: **28 Lakeland, FL**
 24 Zip: **25 33803** 29 Zip: **30 33803**
 25 County: **Polk** 30 County: **Polk**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/10/1989** 3a. Date of Last Report: **04/27/1994**
 4. FEI Number: **59-3081611**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$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:
BERMAN, KEN
1318 N GLEN LANE
LAKELAND FL 33813

10. Name and Address of New Registered Agent:
 81 Name: **Lisa Johnson**
 82 Street Address (P.O. Box Number is Not Acceptable): **805 Susan Drive**
 84 City: **Lakeland** 85 Zip Code: **FL 33803**

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: **Lisa Johnson, President** 4-13-95
(Signature having legal effect only if registered agent and filed in accordance with Section 607.0505, Florida Statutes)

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	TOWNSEND, JULIA
STREET ADDRESS	8821 LONGHORN DR
CITY, ST, ZIP	LAKELAND FL
TITLE	PD
NAME	HUMER, DOUG
STREET ADDRESS	1235 S. WABASH AVENUE
CITY, ST, ZIP	LAKELAND FL
TITLE	STD
NAME	SHIREY, LEE
STREET ADDRESS	503 FLAMINGO DRIVE
CITY, ST, ZIP	LAKELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VP V1 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Tammy Reynolds
13 STREET ADDRESS	1737 Petersburg, Avenue
14 CITY, ST, ZIP	Lakeland, FL 33803
21 TITLE	Pres. (1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Lisa Johnson
23 STREET ADDRESS	805 Susan Drive
24 CITY, ST, ZIP	Lakeland, FL 33803
31 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Linda Guerard
33 STREET ADDRESS	3017 Heather Glynn Drive
34 CITY, ST, ZIP	Mulberry, FL 33860
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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 on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: **Linda Guerard** 4/13/95 813-688-7951
(Signature and typed or printed name of signing officer or director)

REWRITTEN BY MAY 1