

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N31608 (5)

1. Corporation Name

LAKELAND AREA DART LEAGUE ASSOCIATION, INC.



Principal Place of Business

805 SUSAN DRIVE
LAKELAND FL 33803
US

Mailing Address

805 SUSAN DRIVE
LAKELAND FL 33803
US

3. Date Incorporated or Qualified **04/10/1989** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business

21 **PO Box 1803 LAKELAND FL 33803**

2a. Mailing Address

26 **PO Box 1803**

4. FEI Number **59-3081611** Applied For Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State

Lakeland FL

28 City & State

Lakeland FL

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip

33802

25 Country

USA

29 Zip

33802

30 Country

USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**JOHNSON, LISA
805 SUSAN DRIVE
LAKELAND FL 33803**

10. Name and Address of New Registered Agent

81 Name **Judy Riley**
82 Street Address (P.O. Box Number is Not Acceptable) **627 Southern Ave**
83
84 City **Lakeland** FL 85 Zip Code **33801**

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

Judy Riley **STD**

3-14-96

Signature of registered agent and state responsible

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	REYNOLDS, TAMMY	
STREET ADDRESS	1737 PETERSBURG AVENUE	
CITY - ST - ZIP	LAKELAND FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, LISA	
STREET ADDRESS	805 SUSAN DRIVE	
CITY - ST - ZIP	LAKELAND FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	GUERARD, LINDA	
STREET ADDRESS	3017 HEATHER GLYNN DRIVE	
CITY - ST - ZIP	MULBERRY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Mike Whitman	
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Barry Jablonski	
23 STREET ADDRESS	510 So GARDEN DR	
24 CITY - ST - ZIP	LAKELAND FL 33813	
31 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Judy Riley	
33 STREET ADDRESS	PO Box 1835	
34 CITY - ST - ZIP	LAKELAND FL 33802	
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)(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:

Judy Riley **JUDY RILEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96 941 6869167

DATE

Daytime Phone

CR2E037 (12/95)