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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
P O BOX 1803 LAKELAND FL 33802 US
P O BOX 1803 LAKELAND FL 33802-1803 US

3. Date Incorporated or Qualified 04/10/1989
3a. Date of Last Report 03/19/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number 59-3081611 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RILEY, JUDY
627 SOUTHERN AVE
LAKELAND FL 33801

81 Name SAME
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 Judy K. Riley (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD DELETED
NAME VD
STREET ADDRESS WHITMAN, MIKE
CITY-ST-ZIP LAKELAND FL
TITLE PD DELETED
NAME JABLONSKI, BARRY
STREET ADDRESS 510 S GARDEN DR
CITY-ST-ZIP LAKELAND FL
TITLE STD
NAME RILEY, JUDY
STREET ADDRESS P O BOX 1835 NA
TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE VD Change Addition
1.2 NAME Papizan
1.3 STREET ADDRESS 730 Tennessee Rd
1.4 CITY-ST-ZIP Lakeland FL
2.1 TITLE PD Change Addition
2.2 NAME Gayle, Robert W
2.3 STREET ADDRESS 3225 Skyview Dr.
2.4 CITY-ST-ZIP Lakeland, FL
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Judy K. Riley (Signature, typed or printed name of signing officer or director) DATE 2-25-97

CR2E037 (9/96)