FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mogham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

N31608

(5)

LAKELAND AREA DART LEAGUE ASSOCIATION, INC.

FILED
May 19 1998 8:00am
Secretary of State

| CARELAND AREA DART LEAGUE ASSOCIATION, INC. | | | | | |
|--|-------------------------------------|---|---|---|-----------------------------------|
| Principal Place | of Business | Mailing Address | | I MONINO POR LINO MURI DIVIN ENIO INCIN | |
| P O BOX 1803 LAKELAND FL : US | 33902 | P O BOX 1803 LAKELAND FL 33802 US | | 3. Date Incorporated or Qualified 04/10/1989 4. FEI Number | Applied For |
| | | | | 59-3081611 | Not Applicable |
| 2. Principal Pi | ace of Business | 2a. Mailing Address | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| Sulte, Apt. | #. etc. | Suite, Apt. #, etc. | | 6. Election Campaign Financing | \$5.00 May Be |
| 22 City & State | | City & State | | Trust Fund Contribution | Added to Fees |
| City & State City & State | | | 7. Is this nonprofit corporation a homeon | | |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the | |
| 24 | 25] 9. Name and Address of Curre | 29 3 | 0 | Personal Property Tax due June 30. 10. Name and Address of New Registe | Yes V No |
| 81 Name | | | | | |
| RILEY, JUDY 82 Street | | | | LEE M. SHIREY | |
| 627 SOUTHERN AVE | | | 82 Street Ad | ddress (P.O. Box Number Is Not Acceptable) 503 FLAMINGO DRIVE | |
| LAKELAND FL 33801 | | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| | | | | | FL 33803 |
| 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 | | | | | |
| 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 STANDARD CONTINUE AND ADDRESS OF SIGNATURE STANDARD CONTINUE STANDARD CONTINUE STANDARD CONTINUE STANDARD CONTINUE STANDARD CONTINUE S | | | | | |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS | |
| TITLE | VO | DELETE | 1.1 TITLE | PD | Change Addition |
| NAME | Papizan | | 1.2 NAME | MIKE PAPIZAN | ^ |
| STREET ADDRESS | 730 TENNESSEE ROD | | 1.3 STREET ADDRESS | 730 TENNESSEE ROAD | Įį |
| CITY-ST-ZIP | LAKELAND FL | H | 1.4 CITY-ST-ZIP | LAKELAND, FL | |
| TITLE | PD | DELETE. | 2.1 TITLE | VP D | Change Addition |
| NAME | GAYLE, ROBERT W | | 2.2 NAME | KEN BERMAN | į |
| STREET ADDRESS | 3225 SKYVIEW DRIVE LAKELAND FL | | 2.3 STREET ADDRESS | 1005 SOUTH BLVD | |
| CITY-ST-ZIP TITLE | STD | DELETE | 2. 4 CITY-ST-ZIP 3.1 TITLE | LAKELAND FL | Change Addition |
| NAME | RILEX, JUDY | , | 3.2 NAME | | |
| STREET ADDRESS | P O BOX 1835 NA | | 3.3 STREET ADDRESS | • | |
| CITY-ST-ZIP | LAKELAND FL | | 3.4. CITY - ST- ZIP | | |
| TITLE | | DELETE | 4.1 TITLE | STD | Change Addition |
| NAME | | | 4. 2 NAME | LEE SHIREY | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | 503 FLAMINGO DR | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | LAKELAND FL | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 5.4 CITY - ST - ZIP 6.1 TITLE | | Change Addition |
| NAME | , | percie | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | 5 | | 6.4 CITY-ST-ZIP | | |
| 2017-01-68 | | To a 1 to 2 10 1 7 | 0.7 0.1 01 EII | 1 0 0 440 051010 Ft- /d. 0011 1 14 db | |

4. Thereby 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.

CIGNATURE.

116: 125

WE W SULDEY

8-180-98

294 421/2

CR2E037 (1097)