

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUL 24 AM 8:24

**DOCUMENT # 700905 (3)**  
1. Corporation Name  
**DOWNTOWN PROMOTIONS ASSOCIATION OF LAKE LAND, INC**

DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 3499 LAKE LAND FL 33802		Mailing Address P.O. BOX 3499 LAKE LAND FL 33802		3. Date Incorporated or Qualified <b>05/02/1960</b>	3a. Date of Last Report <b>04/26/1994</b>
2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip		2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip		4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
24		25		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
26		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
28		29		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> <b>FILING FEE IS \$61.25</b>	
30		31		8. This corporation has authority for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>DAVIS, KATHLEEN R 205 E ORANGE ST LAKE LAND FL 33801</b>				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				FL	
83				84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restoring) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIRMOUNT, RICK	12 NAME	TERRY JAMESON
STREET ADDRESS	225 N FLORIDA AVE	13 STREET ADDRESS	205 E ORANGE ST
CITY - ST - ZIP	LAKE LAND FL	14 CITY - ST - ZIP	LAKE LAND FL 33801
TITLE	SD	21 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JENNIFER	22 NAME	BONNIE HIGBIE
STREET ADDRESS	112 S TENNESSEE AVE	23 STREET ADDRESS	3329 FORESBROOK DR N
CITY - ST - ZIP	LAKE LAND FL	24 CITY - ST - ZIP	LAKE LAND FL 33811
TITLE	PD	31 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCTOR, LORI	32 NAME	JANET TUCKER
STREET ADDRESS	650 6TH ST SW	33 STREET ADDRESS	4604 CLEVE HIGHTS BLVD
CITY - ST - ZIP	WINTER HAVEN FL	34 CITY - ST - ZIP	LAKE LAND FL 33803
TITLE	TD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPHOFF, DUDLEY	42 NAME	
STREET ADDRESS	115 N. KENTUCKY AVE.	43 STREET ADDRESS	
CITY - ST - ZIP	LAKE LAND FL	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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: Dudley E Uphoff DUDLEY E UPHOFF July 5, 95 813-680-2787  
SIGNATURE AND TYPE OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR

CR2E037 (3/95)