

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



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: **05/02/1960**
3a. Date of Last Report: **07/24/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **NOT APPLICABLE** (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
DAVIS, KATHLEEN R — delete
205 E ORANGE ST
LAKE LAND FL 33801

10. Name and Address of New Registered Agent
81 Name: **JAMESON, TERRY**
82 Street Address (P.O. Box Number is Not Acceptable): **205 E. ORANGE ST.**
83
84 City: **LAKE LAND** 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: Terry Jameson **TERRY JAMESON**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when not stating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD JAMESON, TERRY 205 E ORANGE ST LAKE LAND FL	<input type="checkbox"/> DELETE	1.1 TITLE TD JAMESON, TERRY 205 E. ORANGE ST. LAKE LAND, FL 33801
NAME			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			1.2 NAME
CITY-ST-ZIP			1.3 STREET ADDRESS
			1.4 CITY-ST-ZIP
TITLE	SD HIGBIE, BONNIE 3329 FORESBROOK DR N LAKE LAND FL	<input type="checkbox"/> DELETE	2.1 TITLE PD TUCKER, JANET 4604 CLEVELAND HEIGHTS BLVD. LAKE LAND, FL
NAME			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2.2 NAME
CITY-ST-ZIP			2.3 STREET ADDRESS
			2.4 CITY-ST-ZIP
TITLE	PD TUCKER, JANET 4604 CLEVELAND HEIGHTS BLVD LAKE LAND FL	<input type="checkbox"/> DELETE	3.1 TITLE SD HIGBIE, BONNIE 3329 FOREST BROOK DR. N. LAKE LAND, FL
NAME			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			3.2 NAME
CITY-ST-ZIP			3.3 STREET ADDRESS
			3.4 CITY-ST-ZIP
TITLE	TD UPHOFF, DUDLEY 115 N. KENTUCKY AVE. LAKE LAND FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			4.2 NAME
CITY-ST-ZIP			4.3 STREET ADDRESS
			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			5.2 NAME
CITY-ST-ZIP			5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			6.2 NAME
CITY-ST-ZIP			6.3 STREET ADDRESS
			6.4 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: Terry Jameson **4/29/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)