

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700905 (3)
1. Corporation Name
DOWNTOWN PROMOTIONS ASSOCIATION OF LAKELAND, INC



Principal Place of Business P.O. BOX 3499 LAKELAND FL 33802	Mailing Address P.O. BOX 3499 LAKELAND FL 33802-3499
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3. Date Incorporated or Qualified 05/02/1960	3a. Date of Last Report 05/01/1996
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent JAMESON, TERRY 205 E ORANGE ST LAKELAND FL 33801	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMESON, TERRY	1.2 NAME	
STREET ADDRESS	205 E ORANGE ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCKER, JANET	2.2 NAME	
STREET ADDRESS	4604 CLEVELAND HEIGHTS BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	2.4 CITY - ST - ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBIE, BONNIE	3.2 NAME	MICHAEL P. MATHEWS
STREET ADDRESS	3329 FOREST BROOK DR., N.	3.3 STREET ADDRESS	3010 SKIPPER PLACE
CITY - ST - ZIP	LAKELAND FL	3.4 CITY - ST - ZIP	LAKELAND FL 33803
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: Terry Jameson **TERRY JAMESON** 2/28/97 94-688681/1
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052564

CR2E037 (9/96)