


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90280 007 ****61.25

DOCUMENT # 700905
 1. Entity Name
DOWNTOWN LAKELAND PARTNERSHIP, INC.



Principal Place of Business
 P.O. BOX 3499
 LAKELAND, FL 33802

Mailing Address
 P.O. BOX 3499
 LAKELAND, FL 33802

50023144



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01062005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HALLOCK, DAVID D JR.
LANE, TROHN, BERTRAND & VREELAND, P.A.
ONE LAKE MORTON DRIVE
LAKELAND, FL 33801

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------------|
| TITLE | S/D <input type="checkbox"/> Delete |
| NAME | VREELAND, HOLLY |
| STREET ADDRESS | 129 S. KY. AVE |
| CITY-ST-ZIP | LAKELAND, FL 33801 |
| TITLE | P/D <input type="checkbox"/> Delete |
| NAME | PRATT, PAULA |
| STREET ADDRESS | 321 S KENTUCKY AVE |
| CITY-ST-ZIP | LAKELAND, FL 33801 |
| TITLE | V/D <input type="checkbox"/> Delete |
| NAME | PAUL, BRENDA |
| STREET ADDRESS | 108 N KENTUCKY AVE |
| CITY-ST-ZIP | LAKELAND, FL 33801 |
| TITLE | T/D <input type="checkbox"/> Delete |
| NAME | CAMERON, MARY |
| STREET ADDRESS | 900 W. LIME ST |
| CITY-ST-ZIP | LAKELAND, FL 33801 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brenda Paul **3/3/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #