

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-03-2006 90015 044 *****61.00
700905

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HALLOCK, DAVID D JR. LANE, TROHN, BERTRAND & VREELAND, P.A. ONE LAKE MORTON DRIVE LAKELAND, FL 33801			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S/D <input type="checkbox"/> Delete	TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VREELAND, HOLLY	NAME	Vreeland, Holly		
STREET ADDRESS	129 S. KY. AVE	STREET ADDRESS	129 S. Kentucky Ave		
CITY-ST-ZIP	LAKELAND, FL 33801	CITY-ST-ZIP	Lakeland, FL 33801		
TITLE	P/D <input type="checkbox"/> Delete	TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRATT, PAULA	NAME	Brooks Chandler		
STREET ADDRESS	321 S KENTUCKY AVE	STREET ADDRESS	820 S. Florida Ave		
CITY-ST-ZIP	LAKELAND, FL 33801	CITY-ST-ZIP	Lakeland, FL 33801		
TITLE	V/D <input type="checkbox"/> Delete	TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PAUL, BRENDA	NAME	Linda Briant		
STREET ADDRESS	108 N KENTUCKY AVE	STREET ADDRESS	121 S. Kentucky Ave		
CITY-ST-ZIP	LAKELAND, FL 33801	CITY-ST-ZIP	Lakeland, FL 33801		
TITLE	T/D <input type="checkbox"/> Delete	TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAMERON, MARY	NAME	Ellen Simms		
STREET ADDRESS	900 W. LIME ST	STREET ADDRESS	117 S. Kentucky Ave		
CITY-ST-ZIP	LAKELAND, FL 33801	CITY-ST-ZIP	Lakeland, FL 33801		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____		1-6-06		863-688-5251	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	