

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700905

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** DOWNTOWN LAKELAND PARTNERSHIP, INC.

**Current Principal Place of Business:**

1 LAKE MORTON DRIVE  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3499  
LAKELAND, FL 33802

**New Mailing Address:**

**FEI Number:** 59-3186443

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HALLOCK, DAVID D JR.  
GRAYROBINSON  
ONE LAKE MORTON DRIVE  
LAKELAND, FL 33801 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MCCAULLEY, FRANK  
Address: 301 N FLORIDA AVE  
City-St-Zip: LAKELAND, FL 33801

Title: VD  
Name: DENNIS, LYNN  
Address: 111 LAKE HOLLINGSWORTH DR  
City-St-Zip: LAKELAND, FL 33801

Title: TD  
Name: BUNCH, JEAN  
Address: 415 S KENTUCKY AVE  
City-St-Zip: LAKELAND, FL 33801

Title: SD  
Name: MORGAN, KAY  
Address: 223 N KENTUCKY AVE  
City-St-Zip: LAKELAND, FL 33801

Title: D  
Name: BELVIN, ERIC  
Address: 209 E MAIN ST  
City-St-Zip: LAKELAND, FL 33801

Title: D  
Name: POWELL, LORI  
Address: 701 W LIME ST  
City-St-Zip: LAKELAND, FL 33815

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANK D. MCCAULLEY

PD

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date