
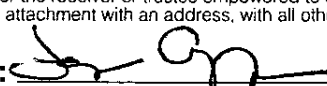


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90328 026 ****61.25

DOCUMENT # 763352					
1. Entity Name DOWNTOWN BUSINESS ASSOCIATES OF KISSIMMEE, INC.					
Principal Place of Business 201 BROADWAY KISSIMMEE FL 34741		Mailing Address P O BOX 420002 KISSIMMEE FL 34742			
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 59-2359815	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CUNNINGHAM, JEAN 20 W DAKIN AVE KISSIMMEE FL 34741			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	VP	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHMITT, THOMAS		NAME	Tom Lanier	
STREET ADDRESS	815 EMMETT ST		STREET ADDRESS	108 Broadway	
CITY-ST-ZIP	KISSIMMEE FL 34741		CITY-ST-ZIP	Kissimmee FL 34741	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNES, VINCE		NAME	George Cross	
STREET ADDRESS	22 BROADWAY		STREET ADDRESS	201 Broadway	
CITY-ST-ZIP	KISSIMMEE FL 34741		CITY-ST-ZIP	Kissimmee FL 34741	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELVIN, SUSAN		NAME	Jean Cunningham	
STREET ADDRESS	108 CHURCH STREET		STREET ADDRESS	20 W Dakin Ave	
CITY-ST-ZIP	KISSIMMEE FL 34741		CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE	T	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUNNINGHAM, JEAN		NAME	Roy Oddo	
STREET ADDRESS	20 W DAKIN AVENUE		STREET ADDRESS	2204 E. monument Ave	
CITY-ST-ZIP	KISSIMMEE FL 34741		CITY-ST-ZIP	Kissimmee FL 34741	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADKINS, NANCY		NAME	Bette Sprinkle	
STREET ADDRESS	211 BROADWAY		STREET ADDRESS	22 Broadway	
CITY-ST-ZIP	KISSIMMEE FL 34741		CITY-ST-ZIP	Kissimmee FL 34741	
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Charles Diato	
STREET ADDRESS			STREET ADDRESS	28 Broadway	
CITY-ST-ZIP			CITY-ST-ZIP	Kissimmee FL 34741	
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: 			4/5/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		