


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90107 027 \*\*\*\*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**

**50028824**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number: **59-2359815**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CUNNINGHAM, JEAN**  
**20 W DAKIN AVE**  
**KISSIMMEE FL 34741**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: 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	P	<input type="checkbox"/> Delete
NAME	LANIER, TOM	
STREET ADDRESS	708 BROADWAY	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CRUSS, GEORGE	
STREET ADDRESS	201 BROADWAY	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, JEAN	
STREET ADDRESS	20 W DAKIN AVE	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	D	<input type="checkbox"/> Delete
NAME	ODDO, RAY	
STREET ADDRESS	2254 E. MONUMENT AVE	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPRINKLE, BETTE	
STREET ADDRESS	22 BROADWAY	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIATO, CHARLES	
STREET ADDRESS	28 BROADWAY	
CITY-ST-ZIP	KISSIMMEE FL 34741	

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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRIM, MIKE, Vice President	
STREET ADDRESS	2008 Monument Ave	
CITY-ST-ZIP	Kissimmee FL 34741	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cunningham, Jean	
STREET ADDRESS	20 W Dakin Ave	
CITY-ST-ZIP	Kissimmee FL 34741	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Felix, Zulema	
STREET ADDRESS	103-1/2 Broadway	
CITY-ST-ZIP	Kissimmee FL 34741	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sprinkle, Boyd	
STREET ADDRESS	23 Broadway	
CITY-ST-ZIP	Kissimmee FL 34741	
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: 

3/14/05 407-846-2332