

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90036 024 \*\*\*\*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 - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

1st MOORE CR2E037 (10/07)

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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title. Local only. (NOTE: Registered Agent Signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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: <b>S</b>	<input checked="" type="checkbox"/> Delete
NAME: <b>ADDIS, PATRICIA</b>	
STREET ADDRESS: <b>103 BROADWAY</b>	
CITY-ST-ZIP: <b>KISSIMMEE FL 34741</b>	
TITLE: <b>P</b>	<input type="checkbox"/> Delete
NAME: <b>TRIM, MIKE</b>	
STREET ADDRESS: <b>200 B MONUMENT AVE</b>	
CITY-ST-ZIP: <b>KISSIMMEE FL 34741</b>	
TITLE: <b>VP</b>	<input type="checkbox"/> Delete
NAME: <b>KLINE, KELLY</b>	
STREET ADDRESS: <b>30 BROADWAY</b>	
CITY-ST-ZIP: <b>KISSIMMEE FL 34741</b>	
TITLE: <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME: <b>KING, CAROL</b>	
STREET ADDRESS: <b>109 BROADWAY</b>	
CITY-ST-ZIP: <b>KISSIMMEE FL 34741</b>	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>RIGSBEE, LADELL</b>	
STREET ADDRESS: <b>106B BROADWAY</b>	
CITY-ST-ZIP: <b>KISSIMMEE FL 34741</b>	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>DIATO, ANNETTA</b>	
STREET ADDRESS: <b>28 BROADWAY</b>	
CITY-ST-ZIP: <b>KISSIMMEE FL 34741</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>John Fields</b>	
STREET ADDRESS: <b>12 E. Monument Ave</b>	
CITY-ST-ZIP: <b>Kissimmee FL 34741</b>	
TITLE: <b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>Mike Trim</b>	
STREET ADDRESS: <b>200 B Monument Ave</b>	
CITY-ST-ZIP: <b>Kissimmee FL 34741</b>	
TITLE: <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>Kline, Kelly</b>	
STREET ADDRESS: <b>30 Broadway</b>	
CITY-ST-ZIP: <b>Kissimmee FL 34741</b>	
TITLE: <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>Robert Anthony</b>	
STREET ADDRESS: <b>28 Broadway</b>	
CITY-ST-ZIP: <b>Kissimmee FL 34741</b>	
TITLE: <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>Zulema Felix</b>	
STREET ADDRESS: <b>103-1/2 Broadway</b>	
CITY-ST-ZIP: <b>Kissimmee FL 34741</b>	
TITLE: <b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>Diato, Annette</b>	
STREET ADDRESS: <b>28 Broadway</b>	
CITY-ST-ZIP: <b>Kissimmee FL 34741</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* Treasurer 3/18/08 407-846-2332