

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763352

**Entity Name:** DOWNTOWN BUSINESS ASSOCIATES OF KISSIMMEE, INC.

**FILED**  
**May 05, 2020**  
**Secretary of State**  
**8416034019CC**

**Current Principal Place of Business:**

106 CHURCH STREET  
KISSIMMEE, FL 34741

**Current Mailing Address:**

P O BOX 420002  
KISSIMMEE, FL 34742

**FEI Number: 59-2359815**

**Certificate of Status Desired: No**

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

CUNNINGHAM, JEAN  
106 CHURCH ST  
KISSIMMEE, FL 34741 US

*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

**Officer/Director Detail :**

Title            PRESIDENT ELECT  
Name            FIELDS, JOHN  
Address        12 E MONUMENT  
City-State-Zip: KISSIMMEE FL 34741

Title            DIRECTOR  
Name            LANIER, TOM  
Address        108 BROADWAY  
City-State-Zip: KISSIMMEE FL 34741

Title            SECRETARY  
Name            MAY, CHRISTOPHER  
Address        108 BROADWAY  
City-State-Zip: KISSIMMEE FL 34741

Title            PRESIDENT  
Name            LANIER, JEREMY  
Address        108 BROADWAY  
City-State-Zip: KISSIMMEE FL 34741

Title            TREASURER  
Name            CUNNINGHAM, JEAN  
Address        106 CHURCH ST  
City-State-Zip: KISSIMMEE FL 34741

Title            DIRECTOR  
Name            ESPINOSA, JORGE  
Address        120 BROADWAY  
                  #201  
City-State-Zip: KISSIMMEE FL 34741

Title            DIRECTOR  
Name            RAMIREZ, SUSAN  
Address        18 S ORLANDO  
City-State-Zip: KISSIMMEE FL 34741

*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: JEAN CUNNINGHAM**

**TRESURER**

**05/05/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date