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**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90122 015 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 700905**

1. Corporation Name

**DOWNTOWN LAKELAND PARTNERSHIP, INC.**

Principal Place of Business

P.O. BOX 3499  
LAKELAND FL 33802

Mailing Address

P.O. BOX 3499  
LAKELAND FL 33802



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/02/1960

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**HALLOCK, DAVID D JR.  
LANE, TROHN, BERTRAND & VREELAND, P.A.  
ONE LAKE MORTON DRIVE  
LAKELAND FL 33801**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HEACOCK, FORD  
STREET ADDRESS 222 E. LEMON STREET  
CITY-ST-ZIP LAKELAND FL 33801 ☐ DELETE

TITLE V/D  
NAME BOHANAN, JOHN  
STREET ADDRESS 509 S. FLORIDA AVENUE  
CITY-ST-ZIP LAKELAND FL 33801 ☐ DELETE

TITLE S/D  
NAME JOHNSON, MARNI  
STREET ADDRESS 321 N. KENTUCKY AVENUE  
CITY-ST-ZIP LAKELAND FL 33801 ☒ DELETE

TITLE T/D  
NAME RYE, ANN  
STREET ADDRESS 221 N. KENTUCKY AVENUE  
CITY-ST-ZIP LAKELAND FL 33801 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME Jameson, Terry  
3.3 STREET ADDRESS 205 East Orange Street  
3.4 CITY-ST-ZIP Lakeland, Florida 33801

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Sylvia Ann Rye* **SIGNATURE REQUIRED** Sylvia Ann Rye  
Treasurer 4/28/99 (941) 683-7978  
Date Daytime Phone #

CR2E037 (11/98)