

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 729917

1. Entity Name
THE DOWNTOWNER, INC.



FILED
Apr 10, 2007 08:00 AM
Secretary of State

Principal Place of Business
229 N K ST
LAKE WORTH, FL 33460

Mailing Address
229 N K ST
LAKE WORTH, FL 33460



03212007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1625567

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KENNEDY, OLIVE
229 N. K STREET UNIT #105
LAKE WORTH, FL 33460

**DO NOT WRITE
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BENDYK, JOSEPH
STREET ADDRESS	229 N. "K" STREET
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	PD
NAME	KENNEDY, OLIVE
STREET ADDRESS	229 N K STREET
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	VD
NAME	COOMBE, THOMAS
STREET ADDRESS	229 N. K STREET
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	S
NAME	TERRY, ANTONETTE
STREET ADDRESS	229 N. K. ST.
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	T
NAME	COOMBE, THERESA
STREET ADDRESS	229 NO. K ST. #102
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/07-80007-007-61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Theresa E. Coombe* Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-02-07 218-724-8515

Date

Daytime Phone #