

# 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

**50028824**



1st MOORE CR2E037 (10/04)

<b>DOCUMENT # 763352</b> 1. Entity Name <b>DOWNTOWN BUSINESS ASSOCIATES OF KISSIMMEE, INC.</b>					
Principal Place of Business <b>201 BROADWAY KISSIMMEE FL 34741</b>			Mailing Address <b>P O BOX 420002 KISSIMMEE FL 34742</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2359815</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>CUNNINGHAM, JEAN 20 W DAKIN AVE KISSIMMEE FL 34741</b>	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LANIER, TOM</b> <b>708 BROADWAY</b> <b>KISSIMMEE FL 34741</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CRUSS, GEORGE</b> <b>201 BROADWAY</b> <b>KISSIMMEE FL 34741</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.</b> <b>Trim, MIKE, Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2008 Monument Ave</b> <b>Kissimmee FL 34741</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>CUNNINGHAM, JEAN</b> <b>20 W DAKIN AVE</b> <b>KISSIMMEE FL 34741</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Cunningham, Jean</b> <b>20 W Dakin Ave</b> <b>Kissimmee FL 34741</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ODDO, RAY</b> <b>2254 E. MONUMENT AVE</b> <b>KISSIMMEE FL 34741</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Felix, Zulema</b> <b>103-112 Broadway</b> <b>Kissimmee FL 34741</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SPRINKLE, BETTE</b> <b>22 BROADWAY</b> <b>KISSIMMEE FL 34741</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Sprinkle, Boyd</b> <b>23 Broadway</b> <b>Kissimmee FL 34741</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIATO, CHARLES</b> <b>28 BROADWAY</b> <b>KISSIMMEE FL 34741</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>3/14/05</b> <b>407-846-2332</b> Date Daytime Phone #		