

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90031 010 ****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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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 if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	D	<input checked="" type="checkbox"/> Delete
NAME	LANIER, TOM	
STREET ADDRESS	108 BROADWAY	
CITY - ST - ZIP	KISSIMMEE FL 34741	
TITLE	P	<input type="checkbox"/> Delete
NAME	TRIM, MIKE	
STREET ADDRESS	200 B MONUMENT AVE	
CITY - ST - ZIP	KISSIMMEE FL 34741	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BLAIN, THOMAS DR	
STREET ADDRESS	324 PLEASANT ST	
CITY - ST - ZIP	KISSIMMEE FL 34741	
TITLE	S	<input type="checkbox"/> Delete
NAME	KING, CAROL	
STREET ADDRESS	109 BROADWAY	
CITY - ST - ZIP	KISSIMMEE FL 34741	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, ANGELA L	
STREET ADDRESS	108 BROADWAY	
CITY - ST - ZIP	KISSIMMEE FL 34741	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIATO, CHARLES	
STREET ADDRESS	28 BROADWAY	
CITY - ST - ZIP	KISSIMMEE FL 34741	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Addis, Patricia	
STREET ADDRESS	108 Broadway	
CITY - ST - ZIP	KISSIMMEE FL 34741	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	King, Carole	
STREET ADDRESS	109 Broadway	
CITY - ST - ZIP	KISSIMMEE FL 34741	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kline, Kelly	
STREET ADDRESS	28 Broadway	
CITY - ST - ZIP	KISSIMMEE FL 34741	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	King, Carol	
STREET ADDRESS	109 Broadway	
CITY - ST - ZIP	KISSIMMEE FL 34741	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rigsbee, Ladell	
STREET ADDRESS	108 B Broadway	
CITY - ST - ZIP	KISSIMMEE FL 34741	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diato, Annette	
STREET ADDRESS	28 Broadway	
CITY - ST - ZIP	KISSIMMEE FL 34741	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/07

407. 846-2332

Date

Daytime Phone #