


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90339 028 ****61.25

DOCUMENT # N00000002145

1. Entity Name
IT'S HAPPENING DOWNTOWN, INC.



Principal Place of Business
**222 EAST STUART AVE
 LAKE WALES, FL 33853**

Mailing Address
**P.O. BOX 89
 LAKE WALES, FL 33859-0089**

14015017



2. Principal Place of Business
101 East Park Ave
 Suite, Apt. #, etc.

3. Mailing Address
101 East Park Ave.
 Suite, Apt. #, etc.

01162004 Chg-NP CR2E037 (10/03)

City & State
Lake Wales, FL

City & State
Lake Wales, FL

Zip
33853

Country
Polk

Zip
33853

Country
Polk

4. FEI Number
59-3643696

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CONNORS, ROBERT
 222 EAST STUART AVE
 LAKE WALES, FL 33853**

7. Name and Address of New Registered Agent

Name
Tonjes, Cliff

Street Address (P.O. Box Number is Not Acceptable)
101 East Park Ave.

City
Lake Wales

FL Zip Code
33853

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 *Clifford L. Tonjes* DATE **4/23/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONNORS, ROBERT 3311 HARBOR BEACH DR. LAKE WALES, FL 33853 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tonjes, Cliff 101 East Park Ave. Lake Wales, FL 33853 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEAR, GARY 203 EAST STUART AVENUE LAKE WALES, FL 33853 <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	SD TYLER, MARY 247 E PARK AVENUE LAKE WALES, FL 33853 <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	TD PADGETT, SARAH 247 E PARK AVENUE LAKE WALES, FL 33853 <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	D BEAR, GARY 203 E. STUART AVE. LAKE WALES, FL 33853 <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	D MAYER, MAX 201 E. STUART AVE. LAKE WALES, FL 33853 <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 all addresses, with all other like empowered.

SIGNATURE: *GARY BEAR* DATE: **4-26-04** DAYTIME PHONE #: **676-2104**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR