


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90004 022 ****61.25

DOCUMENT # N00000002145

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



Principal Place of Business
**101 EAST PARK AVE
 LAKE WALES, FL 33853**

Mailing Address
**101 EAST PARK AVE
 LAKE WALES, FL 33853**

2. Principal Place of Business
~~247 E. Park Ave.~~
 Suite, Apt. #, etc.

3. Mailing Address
~~247 E. Park Ave.~~
 Suite, Apt. #, etc.

City & State
Lake Wales, FL

City & State
Lake Wales, FL

Zip
33853

Country
US

Zip
33853

Country
US

06142006 Chg-NP CR2E037 (4/06)

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
**CLIFF, TANJES
 101 EAST PARK AVE
 LAKE WALES, FL 33853**

7. Name and Address of New Registered Agent

Name
Sarah Padgett

Street Address (P.O. Box Number is Not Acceptable)
247 E. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

**Filing Fee is \$61.25
 Due by September 6, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD TONJES, CLIFF 101 EAST PARK AVE LAKE WALES, FL 33853 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEAR, GARY 203 EAST STUART AVENUE LAKE WALES, FL 33853 <input checked="" type="checkbox"/> Delete
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	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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Priscilla Welch 141 E. Orange Ave Lake Wales, FL 33853 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Todd Hammond 229 E. stuart Ave. Suite 10 Lake Wales, FL 33853 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Sarah Padgett SARAH PADGETT 7/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #