


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2008 8:00 am
Secretary of State

07-31-2008 90045 002 ****61.25

DOCUMENT # N00000002145			
1. Entity Name IT'S HAPPENING DOWNTOWN, INC.			
Principal Place of Business 247 E. PARK AVE. LAKE WALES, FL 33853		Mailing Address 247 E. PARK AVE. LAKE WALES, FL 33853	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>P.O. Box 248</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>LAKE WALES FL</i>	
Zip	Country	Zip <i>33859</i>	Country <i>POIK</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PADGETT, SARAH 247 E. PARK AVE. LAKE WALES, FL 33853		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 _____ DATE _____			
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 September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYLER, MARY	NAME	
STREET ADDRESS	247 E PARK AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL 33853	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADGETT, SARAH	NAME	
STREET ADDRESS	247 E PARK AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL 33853	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, PRISCILL	NAME	
STREET ADDRESS	141 E. ORANGE AVE.	STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL 33853	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOND, TODD	NAME	
STREET ADDRESS	229 E. STUART AVE. STE 10	STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL 33853	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Sarah Padgett</i>		SIGNATURE: <i>SARAH PADGETT</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>7/28/08</i>	
		Daytime Phone #: <i>863-696-7383</i>	