

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002145

FILED  
Jul 23, 2009  
Secretary of State

Entity Name: IT'S HAPPENING DOWNTOWN, INC.

**Current Principal Place of Business:**

247 E. PARK AVE.  
LAKE WALES, FL 33853

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 248  
LAKE WALES, FL 33859

**New Mailing Address:**

FEI Number: 59-3643696      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PADGETT, SARAH  
247 E. PARK AVE.  
LAKE WALES, FL 33853      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: SD      ( ) Delete  
Name: TYLER, MARY  
Address: 247 E PARK AVENUE  
City-St-Zip: LAKE WALES, FL 33853

Title: TD      ( ) Delete  
Name: PADGETT, SARAH  
Address: 247 E PARK AVENUE  
City-St-Zip: LAKE WALES, FL 33853

Title: P      ( ) Delete  
Name: WELCH, PRISCILL  
Address: 141 E. ORANGE AVE.  
City-St-Zip: LAKE WALES, FL 33853

Title: VPD      ( ) Delete  
Name: HAMMOND, TODD  
Address: 229 E. STUART AVE. STE 10  
City-St-Zip: LAKE WALES, FL 33853

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH PADGETT

TD

07/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date