

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:

Name and Address of New Registered Agent:

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

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