

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002026

FILED
Jan 29, 2004
Secretary of State

Entity Name: DOWNTOWN ORLANDO MERCHANTS AUTHORITY, INC.

Current Principal Place of Business:

18 WALL STREET PLAZA
ORLANDO, FL 32801

New Principal Place of Business:

525 HIGHLAND AVE
ORLANDO, FL 32801

Current Mailing Address:

18 WALL STREET PLAZA
ORLANDO, FL 32801

New Mailing Address:

525 HIGHLAND AVE
ORLANDO, FL 32801

FEI Number: 11-3681714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALDREN, WILLIAM
18 WALL STREET PLAZA
ORLANDO, FL 32801

Name and Address of New Registered Agent:

WALDREN, WILLIAM
525 HIGHLAND AVE
ORLANDO, FL 32801

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: _____

01/29/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WALDREN, WILLIAM
Address: 18 WALL STREET PLAZA
City-St-Zip: ORLANDO, FL 32801

Title: SDT () Delete
Name: STANTON, AMY
Address: 46 N. ORNAGE AVE.
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: BARRY, CAITLIN
Address: 18 WALL STREET PLAZA
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WALDREN, WILLIAM
Address: 525 HIGHLAND AVE
City-St-Zip: ORLANDO, FL 32801

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

Title: D (X) Change () Addition
Name: DAVID, PRESHEL
Address: 525 HIGHLAND AVE
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM WALDREN

DP

01/29/2004

Electronic Signature of Signing Officer or Director

Date