2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008688

FILED Jun 04, 2004 Secretary of State

Entity Name: DOWNTOWN JEWEL NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

414 S M STREET 422 SOUTH J STREET LAKE WORTH, FL 33460 LAKE WORTH, FL 33460

Current Mailing Address: New Mailing Address:

414 S M STREET 422 SOUTH J STREET LAKE WORTH, FL 33460 LAKE WORTH, FL 33460

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

MITCHELL, JAMES
414 S M STREET
422 SOUTH J STREET
LAKE WORTH, FL 33460 US
4UBEL, BARBARA
422 SOUTH J STREET
LAKE WORTH, FL 33460 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: BARBARA AUBEL 06/04/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP
 () Delete
 Title:
 DP
 (X) Change () Addition

 Name:
 MITCHELL, JAMES
 Name:
 AUBEL, BARBARA

 Address:
 414 S M STREET
 Address:
 422 SOUTH J STREET

 City-St-Zip:
 LAKE WORTH, FL 33460
 City-St-Zip:
 LAKE WORTH, FL 33460

Title: DV () Delete Title: DV (X) Change () Addition

 Name:
 AUBEL, BARBARA
 Name:
 DICK, ELIZABETH

 Address:
 422 S J ST
 Address:
 201-203 SOUTH M STREET

City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: LAKE WORTH, FL 33460

Title: DS () Delete Title: () Change () Addition Name: MEAD, WILLIAM Name:

 Address:
 310 S L ST
 Address:

 City-St-Zip:
 LAKE WORTH, FL 33460
 City-St-Zip:

Title: DT () Delete Title: () Change () Addition

 Name:
 WESTON, CASSANDRA
 Name:

 Address:
 432 J ST
 Address:

 City-St-Zip:
 LAKE WORTH, FL 33460
 City-St-Zip:

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: BARBARA AUBEL DP 06/04/2004