
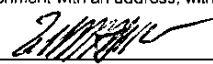


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2008 8:00 am**  
**Secretary of State**

07-16-2008 90010 009 \*\*\*\*61.25

<b>DOCUMENT # N04000000648</b> 1. Entity Name DOWNTOWN BUSINESS ALLIANCE, INC.					
Principal Place of Business 313 S MAGNOLIA AVENUE OCALA, FL 34474			Mailing Address PO BOX 1971 OCALA, FL 34478		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		07142008 Chg-NP CR2E037 (12/06)	
4. FEI Number 06-1672437				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  DEBOLT, MARK C 606 SE 1ST AVENUE OCALA, FL 34471			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRINGTON, MARIE 128 SW BROADWAY STREET OCALA, FL 34472	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Franco, Michael 2159 SE 7th Terrace Ocala, FL 34471
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GETSEE, MARY R 107 NE 1ST AVENUE OCALA, FL 34471	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Brioso, Ani 1725 SE 6th Avenue Ocala, FL 34471
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCO, MICHAEL 2159 SE 7TH TERRACE OCALA, FL 34471	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Scott, Christina M 1248 NE 8th Street Ocala, FL 34470
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	   
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	   
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> 		Michael J. Franco		7/15/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		352-351-9800	
		Daytime Phone #			