

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000648

FILED  
Jan 27, 2012  
Secretary of State

**Entity Name:** DOWNTOWN BUSINESS ALLIANCE, INC.

**Current Principal Place of Business:**

46 SW 1ST AVENUE  
OCALA, FL 34471

**New Principal Place of Business:**

107 NE FIRST AVE  
OCALA, FL 34470

**Current Mailing Address:**

P.O. BOX 1971  
OCALA, FL 34478

**New Mailing Address:**

**FEI Number:** 06-1672437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEBOLT, MARK C  
46 SW 1ST AVENUE  
OCALA, FL 34471 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: D  
Name: CARRASCO, GEORGE  
Address: 2145 SE 5TH STREET  
City-St-Zip: Ocala, FL 34471

Title: P/D  
Name: CAMPOS, AARON  
Address: 104 SE 1ST AVENUE, SUITE B  
City-St-Zip: Ocala, FL 34471

Title: S/D  
Name: BARRINEAU, DIANE  
Address: 1309 SE 25TH LOOP, SUITE 103  
City-St-Zip: Ocala, FL 34471

Title: D  
Name: HOFFMAN, DAVID  
Address: 107 NE FIRST AVE  
City-St-Zip: Ocala, FL 34470

Title: D  
Name: DEBOLT, MARK  
Address: 46 SW 1ST AVENUE  
City-St-Zip: Ocala, FL 34471

I hereby 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 all other like empowered.

**SIGNATURE:** DAVID HOFFMAN

DIR

01/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date