

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002649

FILED
Apr 30, 2009
Secretary of State

Entity Name: DOWNTOWN BUSINESS ASSOCIATION, INC.

Current Principal Place of Business:

1203 EAST SEMINOLE BOULEVARD
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

1203 EAST SEMINOLE BOULEVARD
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-3731218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBSON, SARA L
1203 EAST SEMINOLE BOULEVARD
SANFORD, FL 32771 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: P () Delete
Name: JACOBSON, SARA L
Address: 1203 EAST SEMINOLE BOULEVARD
City-St-Zip: SANFORD, FL 32771

Title: VP () Delete
Name: BROWN, IONA
Address: EAST FIRST STREET
City-St-Zip: SANFORD, FL 32771

Title: SECY () Delete
Name: PETERSON, BART
Address: NORTH PARK AVENUE
City-St-Zip: SANFORD, FL

Title: MEM () Delete
Name: DUNN, JIM
Address: THIRD STREET
City-St-Zip: SANFORD, FL 32771

Title: MEM () Delete
Name: SHEPPARD, JAY
Address: NORTH PALMETTO AV
City-St-Zip: SANFORD, FL 32771

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:

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: SARA L. JACOBSON

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date