

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003765

FILED
Mar 30, 2009
Secretary of State

Entity Name: DOWNTOWN CARILLON MERCHANTS ASSOCIATION, INC.

Current Principal Place of Business:

340 PALM BEACH DRIVE
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

111 CARILLON MARKET ST, #101
PANAMA CITY BEACH, FL 32413

Current Mailing Address:

340 PALM BEACH DRIVE
PANAMA CITY BEACH, FL 32413

New Mailing Address:

111 CARILLON MARKET ST, #101
PANAMA CITY BEACH, FL 32413

FEI Number: 20-1001293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, JACK G
502 HARMON AVENUE
PANAMA CITY, FL 32401 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 () Delete
Name: SIMMONS, REID
Address: 520 BEACHSIDE GARDENS
City-St-Zip: CARILLON BEACH, FL 32413

Title: D () Delete
Name: STILES, CHARLES
Address: 100 CARILLON MARKET ST
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HAMMON, KATHIE
Address: 112 CARILLON MARKET ST
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D () Change (X) Addition
Name: BRIGHT, FRANCES W
Address: 102 CARILLON MARKET ST, #100
City-St-Zip: PANAMA CITY BEACH, FL 32413

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: REID W. SIMMONS

D

03/30/2009

Electronic Signature of Signing Officer or Director

Date