FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Suite, Apt. #, etc.

BROWNING, MARK E.

1 NORTH MAIN ST

City & State

22

Sulte, Apt. #, etc.

City & State

DOWNTOWN DEVELOPMENT CORPORATION OF BROOKSVILLE.

Principal Place of Business Malling Address P.O. BOX 875 P.O. BOX 875 **BROOKSVILLE FL 34806 BROOKSVILLE FL 34805** 2. Principal Place of Business 2a. Mailing Address 21 26

27

23 28 Zip Zip Country 24 26 9. Name and Address of Current Registered Agent

☐ Yes ☐ No

Yes

7. Is this nonprofit corporation a homeowners association?

8. This corporation owes or has paid the current year intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date incorporated or Qualified

09/06/1984

59-2599028

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

FILED

Feb 26 1998 8:00am

Secretary of State

BROOKSVILLE FL 34602	83				
	84	City		FL 85 Zip Co	de
Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the a	bove	e-named corp	poration submits this statement for the p	ourpose of changing its re	egistered

Country

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _							
	Signature, typed or printed name of registered agent and title if applic			e required when reinstating)	01111050 20 055	DATE	00 111 40
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/(CHANGES TO OFF	ICERS AND DIRECTO	
TITLE	VD	☐ DELETE	1.1 TITLE	l		Change	Addition
NAME	LEMON, KIN		1.2 NAME	LEMON,	KIM		
STREET ADDRESS	PO BOX 875 NA		1.3 STREET ADDRESS	-	•		
CITY-ST-ZIP	BROOKSVILLE FL		1.4 CITY-ST-ZIP				
TITLE	TD	DELETE	2.1 TITLE	TREASURER		Change	Addition
NAME	VIDAL, HERMAN		2.2 NAME	MARY BETH	GARY		
STREET ADDRESS	18 N BROAD ST		2.3 STREET ADDRESS	BROCKSVIII	4D 5t.		
CITY-ST-ZIP	BROOKSVILLE FL		2.4 CITY-ST-ZIP	BROCKSVIII	5 FL. 3	4601	
TITLE .	PD	DELETE	3.1 TITLE			☐ Change	Addition
NAME	Browning, Mark		3.2 NAME	J			
STREET ADDRESS	1 N MAIN ST		3.3 STREET ADDRESS				
CITY-ST-ZIP	BROOKSVILLE FL		3.4. CITY-ST-ZIP				_
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS	İ			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<u> </u>			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 13 if chapter or on an attachment) with an address.

MARK EBROWNING SIGNATURE: