## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

N12703

DOCUMENT # N12703 (7)  DOWNTOWN ALLEYWAY COOPERATIVE, INC.  Principal Place of Business Mailing Address  * PAUL DOWNING * PAUL DOWNING					
213 S ADAMS ST 213 S ADAMS ST					
IALLAINAS	OCC PL 323UI	TALLAHASSEE FL 3230	İ	Date Incorporated or Qualified	3a. Date of Last Report
0 D/2				12/20/1985	02/01/1995
2. Principal )	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		NOT APPLICABLE	Not Applicable
22	27			5. Certificate of Status Desired	\$8.75 Additional
City & Sta	City & State			6. Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Country 25	Zip	Country	8. This corporation has liability for inta	
	9. Name and Address of Curro	29 ent Registered Agent	30	Florida Statutes	Yes No
· ···		Ant Hegistered Agent	81 Name	10. Name and Address of New Regi	stered Agent
DOWN	IING, PAUL		L. J. Adams		
213 S ADAMS ST TALLAHASSEE FL 32301			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
			83		
			84 City		FL 85 Zip Code
or registe familiar w	of the provisions of Sections 617.050 reper agent, or both, in the State of Florith and accept the obligations of, Sec.  Sprature, treed or prilled name of registrace age	ction 617.0503, Florida Statutes.	the above-named corpor by the corporation's boar	ation submits this statement for the purpos d of directors. I hereby accept the appointr	e of changing its registered office nent as registered agent. I am
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	DP	DELETE	1.1 TITLE	ALEMIONS CHANGES TO OFFICE	Change Addition
NAME	DOWNING, PAUL		1.2 NAME		☐ Onange ☐ Addition
STREET ADDRESS	213 S ADAMS ST		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TALLAHASSEE FL		14 CITY-ST-ZIP		
NAME	D WOOLT WILCOM W	DELETE	2 1 TITLE		☐ Change ☐ Addition ☐
STREET ADDRESS	WRIGHT, WILSON W 217 S ADAMS ST		2 2 NAME		
CITY-ST-ZIP	TALLAHASSEE FL		2.3 STREET ADDRESS		
TITLE	D	DELETE	2 4 CITY - ST - ZIP 3 1 TITLE		
NAME	GAINES, JOHN	Doctor	3 2 NAME		Change Addition
STREET ADDRESS	212 S MONROE ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		3 4. City - ST - ZIP		
TITLE	D	DELETE	41 TITLE		Change Addition
NAME	CHILES, LAWTON M III		4. 2 NAME		Ell change Ell Addition
STREET ADDRESS	314 N GADSDEN ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY - ST- ZIP		
TITLE	D CAVALAC AND	DELETE	5 1 TITLE		Change Addition
NAME STREET ADDRESS	GAVALAS, NIC		52 NAME		
CITY-ST-ZIP	212 S MONROE ST TALLAHASSEE FL		5 3 STREET ADDRESS		
TITLE	D D	DELETE	5 4 CITY - ST - ZIP		
NAME	BENTON, RICHARD	Florreit	6.1 TITLE		Change Addition
STREET ADDRESS	PO BOX 1833		62 NAME		
CITY-ST-ZIP	TALLAHASSEE FL		63 STREET ADDRESS		
14. I do hereb	y certify that the information supplied	with this filing is voluntarily furnish-	64 CiTY-ST-ZiP ed and does not qualify for	the exemption stated in Section 119 07(3)	(k) Florida Statuton I further

1 Too hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

Dele

Dele