2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004
Secretary of State

DOCUMENT# N12703

Entity Name: DOWNTOWN ALLEYWAY COOPERATIVE, INC.

Current Principal Place of Business:

C/O MICHAEL GILLIARD
213 S ADAMS ST
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

C/O MICHAEL GILLIARD
213 S ADAMS ST
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-0474165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILLIARD, MICHAEL
213 S ADAMS ST
TALLAHASSEE, FL 32301 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: DP ( ) Delete
Name: GILLIARD, MICHAEL
Address: 213 S. ADAM ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: WRIGHT, WILSON W,
Address: 217 S ADAMS ST
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete
Name: CRAWFORD, DOUG
Address: 212 SOUTH MONROE
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete
Name: GAVALAS, NIC,
Address: 212 S MONROE ST
City-St-Zip: TALLAHASSEE, FL

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL GILLIARD DP 04/22/2004
Electronic Signature of Signing Officer or Director Date