## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12703

Apr 27, 2006 Secretary of State

Entity Name: DOWNTOWN ALLEYWAY COOPERATIVE, INC.

**Current Principal Place of Business:** New Principal Place of Business:

C/O MICHAEL GILLIARD 217 SOUTH ADAMS ST

213 S ADAMS ST US TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 US

**New Mailing Address: Current Mailing Address:** 

C/O MICHAEL GILLIARD 217 SOUTH ADAMS ST TALLAHASSEE, FL 32301

213 S ADAMS ST US TALLAHASSEE, FL 32301 US

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

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

GILLIARD, MICHAEL WRIGHT, WILSON W 217 SOUTH ADAMS ST 213 S ADAMS ST TALLAHASSEE, FL 32301 US US TALLAHASSEE, FL 32301

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: WILSON W. WRIGHT 04/27/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DP () Delete (X) Change ( ) Addition

GILLIARD, MICHAEL BARNETT, RICK Name: Name: 213 S. ADAM ST Address: 225 SOUTH ADAMS ST Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32301

Title: Title: ( ) Delete (X) Change ( ) Addition

WRIGHT, WILSON W, Name: DICK, SCOTT Name: Address: 217 S ADAMS ST Address: 210 SOUTH MONROE ST City-St-Zip: TALLAHASSEE, FL City-St-Zip: TALLAHASSEE, FL 32301

Title: () Delete Title: (X) Change ( ) Addition CRAWFORD, DOUG

LONG, VICKI Name: Name: 212 SOUTH MONROE 104 EAST JEFFERSON Address: Address: City-St-Zip: TALLAHASSEE, FL City-St-Zip: TALLAHASSEE, FL 32301

( ) Delete Title: Title: (X) Change ( ) Addition

DICK, SUE Name: GAVALAS, NIC, Name: 210 S MONROE ST Address: 212 S MONROE ST Address: City-St-Zip: TALLAHASSEE, FL City-St-Zip: TALLAHASSEE, FL 32301

Title: () Delete Title: ( ) Change (X) Addition

WRIGHT, WILSON Name: Name: 217 SOUTH ADAMS ST Address: Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the 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: WILSON W. WRIGHT D 04/27/2006