

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90002 004 ****61.25

DOCUMENT # N12703 1. Entity Name DOWNTOWN ALLEYWAY COOPERATIVE, INC.					
Principal Place of Business 217 SOUTH ADAMS ST TALLAHASSEE, FL 32301 US				Mailing Address 217 SOUTH ADAMS ST TALLAHASSEE, FL 32301 US	
2. Principal Place of Business - No P.O. Box # 225 S. ADAMS		3. Mailing Address 2628 LUCERNE DR.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		03052007 Chg-NP CR2E037 (12/06)	
City & State TALLAHASSEE FL		City & State TALLAHASSEE FL		4. FEI Number 59-0474165	
Zip 32301		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WRIGHT, WILSON W 217 SOUTH ADAMS ST TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2628 LUCERNE DR City TALLAHASSEE FL Zip Code 32303	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	P	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	BARNETT, RICK		NAME		
STREET ADDRESS	225 SOUTH ADAMS ST		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	VP	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	DICK, SCOTT		NAME		
STREET ADDRESS	210 SOUTH MONROE ST		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	S	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	LONG, VICKI		NAME		
STREET ADDRESS	104 EAST JEFFERSON		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	T KAY	Delete <input type="checkbox"/>	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME	DICK, SCOTT		NAME	DICK, KAY	
STREET ADDRESS	210 S MONROE ST		STREET ADDRESS	210 S. MONROE	
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	Delete <input type="checkbox"/>	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME	WRIGHT, WILSON		NAME	2628 LUCERNE DR.	
STREET ADDRESS	217 SOUTH ADAMS ST		STREET ADDRESS	TALLAHASSEE, FL 32303	
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 MAR 2007
Date

850-224-6301
Daytime Phone #