

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N12703**

1. Entity Name  
**DOWNTOWN ALLEYWAY COOPERATIVE, INC.**



Principal Place of Business  
**225 S. ADAMS  
TALLAHASSEE, FL 32301 US**

Mailing Address  
**2628 LUCERNE DR  
TALLAHASSEE, FL 32303 US**



02282008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0474165</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WRIGHT, WILSON W  
2628 LUCERNE DR  
TALLAHASSEE, FL 32303**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*RR Barnett* **6 MARCH 2008**

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

UD0000961984  
04/03/08-80030-004 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BARNETT, RICK  
225 SOUTH ADAMS ST  
TALLAHASSEE, FL 32301**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
DICK, SCOTT  
210 SOUTH MONROE ST  
TALLAHASSEE, FL 32301**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
LONG, VICKI  
104 EAST JEFFERSON  
TALLAHASSEE, FL 32301**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
DICK, KAY  
210 S MONROE ST  
TALLAHASSEE, FL 32301**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WRIGHT, WILSON  
2628 LUCERNE DR  
TALLAHASSEE, FL 32303**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *RR Barnett* **RR BARNETT** **6 MARCH 2008** **850 224 6301**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #