

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 JAN 19 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N36531 (4)**
1. Corporation Name
DOWNTOWN ACTION CORPORATION OF LAKE CITY, INC.



Principal Place of Business: **415 N MARION ST LAKE CITY FL 32055**
Mailing Address: **415 N MARION ST LAKE CITY FL 32055**

3. Date Incorporated or Qualified: **02/08/1990**
3a. Date of Last Report: **07/14/1995**
4. FEI Number: **59-2986339**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

21. Principal Place of Business: Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Mailing Address: Suite, Apt. #, etc.
26. City & State
27. Zip
28. Country
29. Zip
30. Country

9. Name and Address of Current Registered Agent
**JOHNSON, BLONDELL
1203 KIMBERLY RD
LAKE CITY FL 32055**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and both if applicable. (NOTE: Registered Agent's signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOEMAKER, JOHN	12 NAME	Same
STREET ADDRESS	901 N. MARION ST	13 STREET ADDRESS	Same
CITY-ST-ZIP	LAKE CITY FL	14 CITY-ST-ZIP	Same
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORD, PAULETTE	22 NAME	Same
STREET ADDRESS	508 N FIRST ST	23 STREET ADDRESS	Same
CITY-ST-ZIP	LAKE CITY FL 32055	24 CITY-ST-ZIP	Same
TITLE	D	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREWS, CLARA	32 NAME	Pinkie Moore
STREET ADDRESS	422 N MARION ST	33 STREET ADDRESS	Rt 14 Box 6 N/A
CITY-ST-ZIP	LAKE CITY FL 32055	34 CITY-ST-ZIP	Lake City, FL 32055
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWELL, PAM	42 NAME	Robin Green
STREET ADDRESS	415 N MARION ST	43 STREET ADDRESS	P.O. Box 1609 N/A
CITY-ST-ZIP	LAKE CITY FL 32055	44 CITY-ST-ZIP	Lake City, FL 32055
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WUEST, MARGARET	52 NAME	500001700275
STREET ADDRESS	465 LEHIGH ST	53 STREET ADDRESS	-01/29/96--01056--004
CITY-ST-ZIP	LAKE CITY FL	54 CITY-ST-ZIP	*****61.25 *****61.25
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	F19-96
STREET ADDRESS		63 STREET ADDRESS	WST
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)