## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

(4)

DOWNTOWN ACTION CORPORATION OF LAKE CITY, INC.

Prir	icipa	ai Place	i Oi	Busine
415	NL	MORE	ST	

Mailing Address

## **FILED** May 16 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 02/08/1990 01/19/1996  2. Principal Place of Business 2a. Mailing Address Mailing Ad	415 N MARION LAKE CITY FL 3		415 N MARION ST LAKE CITY FL 32055-2845			
Subject April 1						
Solito, April 4, etc.    Solito, April 4, etc.   Solit			2a. Mailing Address			Applied For
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Secretary   Secr		, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	
24   32   32   55   30   30   30   30   30   30   30	Gity & State	A 1 [ 1		,FI·	, ,	
JOHNSON, BLONDELL 1203 KIMBERLY RD LAKE CITY FL 32055  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 fit registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I heraby society the appointment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I heraby society the appointment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I heraby society the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I heraby society the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I heraby society the appointment as registered agent, or both appointment as registered directors. I heraby society the appointment as registered directors. I heraby society the appointment as registered agent, or both appointment as registered agent, or professionate as registered agent, or professionate as registered. I should be appointed a professionate as registered agent, or professionate agent, or professionate as registered agent, or professionate	Zip		Zip		1	
JOHNSON, BLONDELL 1203 KIMBERLY RD LAKE CITY FL 32055  46 City Aut C TT FL 88 Zip Code office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent and accept the obligation of 57,050, Proint Submits of 17,050, Proint Submits in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent in the State of Florida, Statutes.  SIGNATURE  SIGNATURE  DIVILE  DELETE  12.		9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	stered Agent
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 is 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 anythmic many and accept the obligations of Section 617.0503. Proficed Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. DEET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. TITLE  D  OFFICERS AND DIRECTORS  13. TITLE  D  OFFICERS AND DIRECTORS  14. TITLE  D  OFFICERS AND DIRECTORS  14. TITLE  D  OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. TITLE  D  OFFICERS AND DIRECTORS  14. TITLE  D  OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. TITLE  D  OFFICERS AND DIRECTORS  16. TITLE  D  OFFICERS AND DIRECTORS  16. TITLE  D  OFFICERS AND DIRECTORS  17. THE D  OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. TITLE  D  OFFICERS AND DIRECTORS  19. T	1203 KIN	ABERLY RD		82 Street Ad	dress (P.O. Box Number is Not Acceptab	
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I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). 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.

GNATURE: 20 REQUIRED

SIGNATURE: