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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business Mailing Address
415 N MARION ST LAKE CITY FL 32055
415 N MARION ST LAKE CITY FL 32055-2845

3. Date Incorporated or Qualified 02/08/1990
3a. Date of Last Report 01/19/1996

2. Principal Place of Business
21 915 N. Marion St.
22 Suite, Apt. #, etc.
23 City & State Lake City, FL
24 Zip 32055 25 Country USA
26 915 N. Marion St.
27 Suite, Apt. #, etc.
28 City & State Lake City, FL
29 Zip 32055 30 Country USA

4. FEI Number 59-2986339
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 Paulette M. Lord
82 Street Address (P.O. Box Number is Not Acceptable) Rt 14, Box 283
83
84 City LAKE CITY FL 85 Zip Code 32024

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 *Paulette M. Lord* DIRECTOR DATE 3/18/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SHOEMAKER, JOHN	
STREET ADDRESS	901 N. MARION ST	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LORD, PAULETTE	
STREET ADDRESS	508 N FIRST ST	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, PINKIE	
STREET ADDRESS	RT. 14 BOX 1809 N/A	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREEN, ROBIN	
STREET ADDRESS	P.O. BOX 1809 N/A	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WUEST, MARGARET	
STREET ADDRESS	485 LEHIGH ST	
CITY-ST-ZIP	LAKE CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John Cole	
1.3 STREET ADDRESS	P.O. Box 1859	NA
1.4 CITY-ST-ZIP	LAKE CITY, FL 32056	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Perley Richardson	
2.3 STREET ADDRESS	P.O. Box 1814	NA
2.4 CITY-ST-ZIP	LAKE CITY, FL 32056	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Debbie Bass	
3.3 STREET ADDRESS	Rt. 12 Box 518	
3.4 CITY-ST-ZIP	LAKE CITY FL 32025	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: *John Cole* REQUIRED

CR2E037 (9/96)