

FILE NOW: FILING FEE IS \$61.25

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90021 002 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

513334-90021-2

DOCUMENT # **N30531**
 1. Corporation Name
Downtown Action Corporation of Lake City, Inc.

Principal Place of Business
124 N. Marion St. Lake City, FL. 32055 U.S.

Mailing Address
124 N. Marion St. Lake City, FL. 32055 U.S.

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number | Applied For |
| 22 | City & State | 27 | City & State | 59-2986339 | Not Applicable |
| 23 | Zip | 28 | Zip | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 24 | Country | 29 | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |

| | | | | | | | |
|--|--|--|--|--|--|--------------|----------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| Lord, Paulette Rt. 14, Box 283 Lake City, FL. 32024 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | 85 | Zip Code |
| | | | | 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 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 **Cynthia M. Busscher** DATE **4/26/99**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Cole, John | 1.2 NAME | Mears, Denise |
| STREET ADDRESS | P.O. Box 1359 | 1.3 STREET ADDRESS | 124 N. marion St. |
| CITY-ST-ZIP | Lake City, FL. 32056 | 1.4 CITY-ST-ZIP | Lake City, FL. 32055 |
| TITLE | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Lord, Paulette | 2.2 NAME | Busscher, Cynthia |
| STREET ADDRESS | 508 N. First St. | 2.3 STREET ADDRESS | 201 N. Marion St., Suite 301 |
| CITY-ST-ZIP | Lake City, FL. 32055 | 2.4 CITY-ST-ZIP | Lake city, FL. 32055 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Richardson, Perley | 3.2 NAME | |
| STREET ADDRESS | P.O. Box 1814 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | Lake City, FL. 32054 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Ruppert, Kurt | 4.2 NAME | |
| STREET ADDRESS | 134 N. Marion St. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | Lake City, FL. 32055 | 4.4 CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Proctor, Patricia | 5.2 NAME | |
| STREET ADDRESS | 425 N. marion. St. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | Lake City, FL. 32055 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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, with all other like empowered.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE # _____

CR2E037 (11/98)