

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N36531
 1. Entity Name
 DOWNTOWN ACTION CORPORATION OF LAKE CITY, INC.



Principal Place of Business
 124 N. MARION ST
 LAKE CITY, FL 32055 US

Mailing Address
 PO BOX 1824
 LAKE CITY, FL 32056-1824 US

DO NOT WRITE IN THIS SPACE



02032004 No Chg-NP CR2E037 (10/03)

4. FEI Number
 59-2986339

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 BUSSCHER, CYNTHIA
 253 NW MAIN BLVD.
 LAKE CITY, FL 32055

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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: Cynthia Busscher DATE: 2/3/04
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

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

000000045964
 02/11/04-80083-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEARS, DENISE 124 N MARION ST. LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BUSSCHER, CYNTHIA 201 N. MARION ST SUITE 301 LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NULL, MIKE RT 15 BOX 3066 LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROWAND, SUE 315 N. MARION ST. LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CAMPBELL, HARVEY PO BOX 1847 LAKE CITY, FL 32056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] DATE: 2/09/04 DAYTIME PHONE #: 386-758-1397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR