


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90189 009 ****61.25

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**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

04142006 Chg-NP CR2E037 (11/05)

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is **\$61.25** Due by **May 1, 2006**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MEARS, DENISE	
STREET ADDRESS	124 N MARION ST.	
CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	T	<input type="checkbox"/> Delete
NAME	BUSSCHER, CYNTHIA	
STREET ADDRESS	201 N. MARION ST SUITE 301	
CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NULL, MIKE	
STREET ADDRESS	1249 SW RIDGE ST	
CITY-ST-ZIP	LAKE CITY, FL 32024	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROWAND, SUE	
STREET ADDRESS	315 N. MARION ST.	
CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CAMPBELL, HARVEY	
STREET ADDRESS	PO BOX 1847	
CITY-ST-ZIP	LAKE CITY, FL 32056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V. President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James 'Skipper' Hair	
STREET ADDRESS	314 N. marion Ave.	
CITY-ST-ZIP	LAKE CITY, FL. 32055	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Cynthia Busscher 4/17/06 (386) 752-7240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #