

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90050 014 \*\*\*\*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**

**40073663**



2. Principal Place of Business - No P.O. Box #

**277 N. Marion Street**  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

04192007 Chg-NP CR2E037 (12/06)

City & State

**Lake City, FL**

City & State

Zip

Country

**32055**

**Columbia**

Zip

Country

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

*Cynthia M. Busscher*

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

(NOTE: Registered Agent signature required when reinstating)

**4/19/07**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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** ☒ Delete  
NAME **MEARS, DENISE**  
STREET ADDRESS **124 N MARION ST.**  
CITY-ST-ZIP **LAKE CITY, FL 32055**

TITLE **T** ☐ Delete  
NAME **BUSSCHER, CYNTHIA**  
STREET ADDRESS **201 N. MARION ST SUITE 301**  
CITY-ST-ZIP **LAKE CITY, FL 32055**

TITLE **V** ☒ Delete  
NAME **HAIR, JAMES**  
STREET ADDRESS **314 N MARION AVE**  
CITY-ST-ZIP **LAKE CITY, FL 32055**

TITLE **S** ☐ Delete  
NAME **ROWAND, SUE**  
STREET ADDRESS **315 N. MARION ST.**  
CITY-ST-ZIP **LAKE CITY, FL 32055**

TITLE **PD** ☐ Delete  
NAME **CAMPBELL, HARVEY**  
STREET ADDRESS **PO BOX 1847**  
CITY-ST-ZIP **LAKE CITY, FL 32056**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **Vice President**  
STREET ADDRESS **Campbell, Harvey**  
CITY-ST-ZIP **PO BOX 1847**  
**Lake City, FL 32056-1847**

TITLE ☐ Change ☒ Addition  
NAME **President**  
STREET ADDRESS **Bentham, Jeff**  
CITY-ST-ZIP **327 N. Marion St.**  
**Lake City, FL 32055**

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 M. Busscher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/07**

Date

**386-752-7240**

Daytime Phone #