## 2005 NOT-FOR-PROFIT CORPORATION

## **FILED** Feb 03, 2005 8:00 am Secretary of State 02-03-2005 90033 003 \*\*\*\*61.25 **ANNUAL REPORT** DOCUMENT # N95000003381

	G DOWN1	TOWN MERCH ASSOCIATION		D							
129 SOUTH COMMERCE AVENUE POST OF				g Address T OFFICE BOX 132 RING, FL 33871-		1-				- H/68 1791 (B/8)	Albilas v. (SP1
2. Principal	Place of Busin	ess	3. Mai	ling Address		<del>-</del>					
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			01142005	Chg-NP	CR2E	(10/03)	
City & State		Cir	City & State			4. FEI Numbe 59-186			<b>⊢</b>	Applied For lot Applicable	
Zip						untry	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
ļ	6. Name	and Address of Curi	rent Registere	ed Agent		7. Name and Address of New Registered Agent					
	JM, JAMES					Name Street Addres	ss (P.O. Box Numbe	er is Not Acceptat	bie)		<u>.</u>
129 SOUTH COMMERCE AVENUE SEBRING, FL 33870								<u> </u>	· ·		
						City	<u> </u>		F	L Zip Co	de
	anamed entity tions of registe	v submits this stateme ered agent.	nt for the purp	ose of changing its	registere	ed office or regi	stered agent, or bot	th, in the State of F	Florida. I ar	n familiar with	, and accept
SIGNATURE			,			·	<u> </u>				
	Slopatura typadir								DATE		
	Signature, types	or printed name of registered a	agent and title if app	ficable. (NOT	E: Hegistere	a Agent signature req	utred when reinstating)		DATE		
	Filing Fee	e is \$61.25 lay 1, 2005	agent and the if app	9. Election Car Trust Fund (	mpaign F	inancing	\$5.00 May B Added to Fees	e 143 - 15	Make che		State 🔞 🕾 🚭
10.	Filing Fee	e is \$61.25		9. Election Car	mpaign F	inancing	\$5.00 May B Added to Fees	e 143 - 15	Make che orida Dep	ck payable artment of S	State : CE
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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: