

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90377 006 ****61.25

DOCUMENT # N97000005232

1. Entity Name

DOWNTOWN BUSINESS ASSOCIATION OF FORT PIERCE, INC.



Principal Place of Business

100 AVE. A, STE. A, BOX 127
FORT PIERCE FL 34950

Mailing Address

100 AVE. A, STE. A, BOX 127
FORT PIERCE FL 34950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RYALS, SCOTT G
200 S. INDIAN RIVER DR., STE. 305
FORT PIERCE FL 34950**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 VPD
NAME HADDOCK, BETSY
STREET ADDRESS 100 AVENUE A STE A, BOX 127
CITY-ST-ZIP FT PIERCE FL 34950 ☒ Delete

TITLE P
NAME PYE, JO
STREET ADDRESS 100 AVE A STE A
CITY-ST-ZIP FT PIERCE FL 34950 ☒ Delete

TITLE T
NAME WHEATLEY, KATHRYN
STREET ADDRESS 100 AVE A STE 1C
CITY-ST-ZIP FORT PIERCE FL 34950 ☐ Delete

TITLE S
NAME LAFFERARDRE, LESTIE
STREET ADDRESS 100 AVE A STE A
CITY-ST-ZIP FORT PIERCE FL 34950 ☐ Delete

TITLE Patti CHANNON
NAME 100 ave A Ste A
STREET ADDRESS Fort Pierce FL 34950
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathryn Wheatley Treasurer 4-14-05 772-465-7010

Date

Daytime Phone #