

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005232

FILED
Mar 26, 2009
Secretary of State

Entity Name: DOWNTOWN BUSINESS ASSOCIATION OF FORT PIERCE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-5239902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWISHER, ROBERT
100 AVE A STE BOX 127
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SWISHER, ROBERT S
Address: 100 AVE A, STE BOX 127
City-St-Zip: FORT PIERCE, FL 34950

Title: VP () Delete
Name: SPAGNUOLA, LISA
Address: 100 AVE A BOX 127
City-St-Zip: FORT PIERCE, FL 34950

Title: T (X) Delete
Name: STILL, NATALIE
Address: 100 AVE A STE 127
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V,T (X) Change () Addition
Name: SWISHER, ROBERT S
Address: 100 AVE A, STE BOX 127
City-St-Zip: FORT PIERCE, FL 34950

Title: P (X) Change () Addition
Name: SPAGNUOLA, LISA
Address: 100 AVE A BOX 127
City-St-Zip: FORT PIERCE, FL 34950

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT S. SWISHER

VP,T

03/26/2009

Electronic Signature of Signing Officer or Director

Date