

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004739

FILED
Jul 08, 2005
Secretary of State

Entity Name: DOWNTOWN BUSINESS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

138 E. CALL ST.
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1027
STARKE, FL 32091

New Mailing Address:

FEI Number: 59-3611441 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPARKS, LEE
101 WEST CALL STREET
STARKE, FL 32091 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: PD () Delete
Name: SPARKS, LEE
Address: 101 WEST CALL STREET
City-St-Zip: STARKE, FL 32091

Title: VPD () Delete
Name: DONN, NORMA
Address: 138 E CALL STREET
City-St-Zip: STARKE, FL 32091

Title: TD () Delete
Name: HERRES, NAOMI
Address: 118 S. THOMPSON ST.
City-St-Zip: STARKE, FL 32091

Title: ST () Delete
Name: MIZE, DEBBIE
Address: 139 E CALL STREET
City-St-Zip: STARKE, FL 32091

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LEE SPARKS

PD

07/08/2005

Electronic Signature of Signing Officer or Director

Date