


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90032 046 ****61.25

DOCUMENT # N02000003070	
1. Entity Name THE DOWNTOWN ARTS ASSOCIATION, INC.	

Principal Place of Business 529 CENTRAL AVE ST PETERSBURG FL 33701	Mailing Address 529 CENTRAL AVE ST PETERSBURG FL 33701
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country




MOORE CR2E037 (11/03)

4. FEI Number 43-1972301	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CURTIS, T W 529 CENTRAL AVE SAINT PETERSBURG FL 33701-3703	7. Name and Address of New Registered Agent Name: Carol Gray Street Address (P.O. Box Number is Not Acceptable): 800 Second Ave NE City: St Petersburg FL Zip Code: 33701
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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:  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VD NAME SCOTT, STEVE W STREET ADDRESS 201 1ST ST NE CITY-ST-ZIP ST PETERSBURG FL 33701	<input type="checkbox"/> Delete	TITLE VD NAME Vince Mancuso STREET ADDRESS 10th Fifth Ave W Suite 200 CITY-ST-ZIP St Petersburg FL 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME RIORDAN, TRACY A STREET ADDRESS 529 CENTRAL AVE CITY-ST-ZIP ST PETERSBURG FL 33701	<input type="checkbox"/> Delete	TITLE SD NAME Donna Fletcher STREET ADDRESS 719 Central Ave CITY-ST-ZIP St. Petersburg FL 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME RAMBEAUX, HARRIET STREET ADDRESS 208 BEACH DR NE CITY-ST-ZIP ST PETERSBURG FL 33701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME LIPPINCOTT, LISA STREET ADDRESS CENTRAL AVE CITY-ST-ZIP SAINT PETERSBURG FL 33701	<input type="checkbox"/> Delete	TITLE PD NAME Carol Gray STREET ADDRESS 800 Second Ave NE CITY-ST-ZIP ST. Petersburg FL 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Harriet Rambeaux 1/31/04 727-898-3997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #