

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003070

FILED  
Mar 23, 2005  
Secretary of State

**Entity Name:** THE DOWNTOWN ARTS ASSOCIATION, INC.

**Current Principal Place of Business:**

529 CENTRAL AVE  
ST PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

529 CENTRAL AVE  
ST PETERSBURG, FL 33701

**New Mailing Address:**

**FEI Number:** 43-1972301

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAY, CAROL  
800 SECOND AVE NE  
SAINT PETERSBURG, FL 33701 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: VD ( ) Delete  
Name: MANCUSO, VINCE  
Address: 10TH FIFTH AVE N., STE 200  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: SD ( ) Delete  
Name: FLETCHER, DONNA  
Address: 719 CENTRAL AVE  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: TD ( ) Delete  
Name: RAMBEAUX, HARRIET  
Address: 208 BEACH DR NE  
City-St-Zip: ST PETERSBURG, FL 33701

Title: PD ( ) Delete  
Name: GRAY, CAROL  
Address: 800 SECOND AVE NE  
City-St-Zip: SAINT PETERSBURG, FL 33701

**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: CAROL GRAY

PD

03/23/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date