

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90027 044 ****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		
2. Principal Place of Business 146 2 STREET N Suite, Apt. #, etc. #110		3. Mailing Address 146 2 STREET N Suite, Apt. #, etc. 110			
City & State ST. Petersburg FL		City & State ST. Petersburg FL			
Zip 33701		Country Pinellas		Zip 33701	
Country Pinellas		4. FEI Number 43-1972301			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GRAY, CAROL 800 SECOND AVE NE SAINT PETERSBURG, FL 33701			7. Name and Address of New Registered Agent Name RICHARD W. FORTUNE Street Address (P.O. Box Number is Not Acceptable) 146 2 STREET N. #110 City ST. Petersburg FL Zip Code 33701		
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 <u><i>Richard W. Fortune</i></u> 3-27-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANCUSO, VINCE 10TH FIFTH AVE N., STE 200 SAINT PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JANE CHAPIN 695 CENTRAL AVE ST. PETERSBURG FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLETCHER, DONNA 719 CENTRAL AVE SAINT PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Angel Gommer 200 SECOND AVE #106 ST. PETERSBURG FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAMBEAUX, HARRIET 208 BEACH DR NE ST PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Richard W. Fortune 146 2 STREET N. #110 ST. PETERSBURG FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAY, CAROL 800 SECOND AVE NE SAINT PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Richard W. Fortune 146 2 STREET N. #110 ST. PETERSBURG FL 33701	<input type="checkbox"/> Change <input checked="" 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 exemptions contained 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 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: <u><i>Richard W. Fortune</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-27-06 727 521-6767 <small>Date Daytime Phone #</small>		