


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90099 034 ****61.25

DOCUMENT # N02000003070 1. Entity Name THE DOWNTOWN ARTS ASSOCIATION, INC.					
Principal Place of Business 146 2 STREET N 110 ST PETERSBURG, FL 33701			Mailing Address 146 2 STREET N 110 ST PETERSBURG, FL 33701		
2. Principal Place of Business - No P.O. Box # 10 Fifth St N.		3. Mailing Address P.O. BOX 663			
Suite, Apt. #, etc. Suite 210		Suite, Apt. #, etc. 			
City & State St. Petersburg, FL		City & State ST. PETERSBURG, FL			
Zip 33701		Country Pinellas		Zip 33731	
Country PINELLAS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FORTUNE, RICHARD 146 2 STREET N. #100 SAINT PETERSBURG, FL 33701			7. Name and Address of New Registered Agent Name Mary Klein Street Address (P.O. Box Number is Not Acceptable) 10 Fifth St. N, Suite 210 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>Mary Klein</i></u> Mary Klein, Treasurer 2/2/2007 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 CHAPIN, JANE 695 CENTRAL AVE SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOMMER, ANGEL 200 SECOND AVE #106 SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDPO FORTUNE, RICHARD 146 2 STREET N #110 ST PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sue Cooper-Street 300 Beach Dr. NE St. Petersburg, FL 33701	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mary Klein 10 Fifth St. N, Ste, 210 St. Petersburg, FL 33701	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> 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>Mary Klein</i></u> 2/2/2007 727.418.8887 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					