2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004
Secretary of State

DOCUMENT# N46974

Entity Name: BEACH DRIVE AND DOWNTOWN BUSINESS ASSOCIATION, INC.

Current Principal Place of Business:

COPLAN'S
156 BEACH DRIVE NE
ST PETERSBURG, FL 33701

New Principal Place of Business:

SIGNATURE BANK
100 SECOND AVE N STE 100
ST PETERSBURG, FL 33701

Current Mailing Address:

156 BEACH DRIVE NE
ST PETERSBURG, FL 33701

New Mailing Address:

100 SECOND AVE N
STE 100
ST PETERSBURG, FL 33701

FEI Number: 59-3169066 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FISHER, SUZANNE
156 BEACH DRIVE NE
ST. 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: PD ( ) Delete
Name: FISHER, SUZANNE
Address: 156 BEACH DR N.E.
City-St-Zip: ST PETERSBURG, FL 33701

Title: DV ( ) Delete
Name: ROBERTSON, SUSAN
Address: 800 SECOND AVE NE
City-St-Zip: ST. PETERSBURG, FL 33701

Title: SD ( ) Delete
Name: HUTCHINGS, PATTY
Address: 175 5TH ST. N
City-St-Zip: ST PETERSBURG, FL 33733

Title: TD ( ) Delete
Name: LYNN, STODGELL
Address: 100 SECOND AVE N
City-St-Zip: ST. PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ROBERTSON, SUSAN
Address: 800 SECOND AVE NE
City-St-Zip: ST PETERSBURG, FL 33701

Title: DV (X) Change ( ) Addition
Name: ORELL, SIMON
Address: 4940 72ND AVE N
City-St-Zip: PINELLAS PARK, FL 33701

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: LYNN STODGELL TREA 05/03/2004

Electronic Signature of Signing Officer or Director — Date