

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46974

**FILED**  
**Jan 25, 2010**  
**Secretary of State**

**Entity Name:** DOWNTOWN BUSINESS ASSOCIATION OF ST. PETERSBURG FLORIDA, INC

**Current Principal Place of Business:**

KATHY CARLSON FIRST BANK  
111 2 AVE STE 211  
SAINT PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

KATHY CARLSON - FIRST BANK  
111 - 2ND AVENUE NE SUITE# 211  
SAINT PETERSBURG, FL 33701

**New Mailing Address:**

**FEI Number:** 59-3169066

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SEXAUER, THOMAS J  
2919 - 53RD STREET SOUTH  
GULFPORT, FL 33707 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  
Name: SEXAUER, THOMAS J  
Address: 2919 - 53RD STREET S  
City-St-Zip: GULFPORT, FL 33707 US

Title: V  
Name: SIMMS-POWELL, TAMI  
Address: 238 BEACH DR NE  
City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: T  
Name: CARLSON, KATHY  
Address: 111 - 2ND AVENUE NE SUITE 211  
City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: S  
Name: DWYER, JESSICA  
Address: 4940 72ND AVE N SUITE #200  
City-St-Zip: SAINT PETERSBURG, FL 33781 US

I hereby 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 all other like empowered.

SIGNATURE: TOM SEXAUER

P

01/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date