


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90392 012 ****61.25

DOCUMENT # N95000000072					
1. Entity Name THE DOWNTOWN PARTNERSHIP OF SARASOTA, INC.					
Principal Place of Business 1818 MAIN STREET SARASOTA, FL 34236 US			Mailing Address 1818 MAIN STREET SARASOTA, FL 34236 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GORDON, CHERYL 1818 MAIN STREET SARASOTA, FL 34236			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ <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, 2004		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	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JEWETT, CHARLES	NAME	<i>D Bob Richardson</i>		
STREET ADDRESS	1818 MAIN STREET	STREET ADDRESS	1818 Main St		
CITY-ST-ZIP	SARASOTA, FL 34236	CITY-ST-ZIP	Sarasota FL 34236		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOOD, MARCIA	NAME	<i>D Carolyn Kofler</i>		
STREET ADDRESS	1818 MAIN STREET	STREET ADDRESS	1818 Main St		
CITY-ST-ZIP	SARASOTA, FL 34236	CITY-ST-ZIP	Sarasota FL 34236		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, VANN	NAME	<i>D John Nicholas</i>		
STREET ADDRESS	1818 MAIN STREET	STREET ADDRESS	1818 Main St		
CITY-ST-ZIP	SARASOTA, FL 34236	CITY-ST-ZIP	Sarasota FL 34236		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MICHEL, JOHN	NAME			
STREET ADDRESS	1818 MAIN STREET	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34236	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>CHERYL GORDON</i>			Date: <i>APRIL 27/04</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

941.364.2706