

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000007299

**FILED**  
**Feb 10, 2004**  
**Secretary of State****Entity Name:** DOWNTOWN LARGO MAIN STREET ASSOCIATION INC.**Current Principal Place of Business:**514 1/2 1ST AVE SW  
LARGO, FL 33770**New Principal Place of Business:****Current Mailing Address:**PO BOX 2695  
LARGO, FL 33779**New Mailing Address:****FEI Number:** 59-3565411**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MOORE, TERRY  
514 1/2 1ST AVE SW  
LARGO, FL 33770**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: D ( ) Delete  
Name: HUNTER, HAROLD  
Address: 607 1ST AVE. SW  
City-St-Zip: LARGO, FL 33770

Title: P ( ) Delete  
Name: PARKER, JIM  
Address: P.O. BOX 829  
City-St-Zip: LARGO, FL 337790829

Title: SD ( ) Delete  
Name: HAMPSON, CORRIE  
Address: 2190 17TH TERRACE SW  
City-St-Zip: LARGO, FL 33774

Title: VD ( ) Delete  
Name: POOLE, RON  
Address: 1724 N. MISSOURI AVE  
City-St-Zip: LARGO, FL 33770

Title: T ( ) Delete  
Name: BYRD, LARRY  
Address: 350 E. BAY DR.  
City-St-Zip: LARGO, FL 33770

Title: M ( ) Delete  
Name: MOORE, TERRY  
Address: 13668 KIMBERLY OAKS CIR.  
City-St-Zip: LARGO, FL 33774

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HUNTER, HAROLD  
Address: 607 1ST AVE. SW  
City-St-Zip: LARGO, FL 33770

Title: D (X) Change ( ) Addition  
Name: PARKER, JIM  
Address: P.O. BOX 829  
City-St-Zip: LARGO, FL 337790829

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: TEREPKA, ROY  
Address: 426 W. BAY DR.  
City-St-Zip: LARGO, FL 33770

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: TERRY MOORE

M

02/10/2004

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