2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007883

FILED Jun 11, 2007 Secretary of State

Entity Name: NEWBERRY MAIN STREET ORGANIZATION, INC.

Current Principal Place of Business:		New Principal Place of Business:
25815 SW 2ND NEWBERRY, FL		
Current Mailing	g Address:	New Mailing Address:
PO BOX 369 NEWBERRY, Fl	32669	
	FEI Number Applied For (s. 607.193(2)(b), F.S., the corporation ress of Current Registered Age	did not receive the prior notice.
		n. Name and Address of New Registered Agent.
CLARK, GARRY D JR. 25815 SW 2ND AVENUE NEWBERRY, FL 32669 US		GARRETT, LOWELL 25815 SW 2ND AVENUE NEWBERRY, FL 32669 US
The above name in the State of Fl		r the purpose of changing its registered office or registered agent, or both,
SIGNATURE: L	OWELL GARRETT	06/11/2007
_	Electronic Signature of Registere	ed Agent Date
OFFICERS AND	DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	() Delete	Title: TREA () Change (X) Addition Name: RUTAN, CHRISTIE Address: 4623 NW 21ST DR. City-St-Zip: GAINESVILLE, FL 32605 US
Title: Name: Address: City-St-Zip:	() Delete	Title: VP () Change (X) Addition Name: HENDRIX, BARBARA Address: 915 N.W. STATE RD 45 City-St-Zip: NEWBERRY, FL 32669 US
Title: Name: Address: City-St-Zip:	() Delete	Title: BD () Change (X) Addition Name: CONRAD, BILL Address: 345 SW 255 ST City-St-Zip: NEWBERRY, FL 32669 US
Title: Name: Address: City-St-Zip:	() Delete	Title: SEC () Change (X) Addition Name: WHITFIELD, ALEXIS Address: P.O. BOX 568 City-St-Zip: NEWBERRY, FL 32669 US
Title: Name: Address: City-St-Zip:	()Delete	Title: BD () Change (X) Addition Name: WHITFIELD, VYNELLE Address: P.O. BOX 804 City-St-Zip: NEWBERRY, FL 32669 US
Title: Name: Address: City-St-Zip:	() Delete	Title: BD () Change (X) Addition Name: CURTIS, NATRON Address: 13200 W. NEWBERRY RD. #Z-146 City-St-Zip: NEWBERRY, FL 32669 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LOWELL GARRETT MGR 06/11/2007