

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 11, 2008  
Secretary of State**

DOCUMENT# N06000007883

Entity Name: NEWBERRY MAIN STREET ORGANIZATION, INC.

**Current Principal Place of Business:**

25815 SW 2ND AVENUE  
NEWBERRY, FL 32669

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 369  
NEWBERRY, FL 32669

**New Mailing Address:**

FEI Number: 26-1558153      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GARRETT, LOWELL  
25815 SW 2ND AVENUE  
NEWBERRY, FL 32669      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: TREA ( ) Delete  
Name: RUTAN, CHRISTIE  
Address: 4623 NW 21ST DR.  
City-St-Zip: GAINESVILLE, FL 32605 US

Title: VP ( ) Delete  
Name: HENDRIX, BARBARA  
Address: 915 N.W. STATE RD 45  
City-St-Zip: NEWBERRY, FL 32669 US

Title: BD ( ) Delete  
Name: CONRAD, BILL  
Address: 345 SW 255 ST  
City-St-Zip: NEWBERRY, FL 32669 US

Title: SEC ( ) Delete  
Name: WHITFIELD, ALEXIS  
Address: P.O. BOX 568  
City-St-Zip: NEWBERRY, FL 32669 US

Title: BD ( ) Delete  
Name: WHITFIELD, VYNELLE  
Address: P.O. BOX 804  
City-St-Zip: NEWBERRY, FL 32669 US

Title: BD ( ) Delete  
Name: CURTIS, NATRON  
Address: 13200 W. NEWBERRY RD. #Z-146  
City-St-Zip: NEWBERRY, FL 32669 US

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

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

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

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

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

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 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

RA

01/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date