

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N24188** (7)

1. Corporation Name

MAIN STREET QUINCY, INC.



Principal Place of Business

Mailing Address

110 E WASHINGTON ST
QUINCY FL 32351

110 E WASHINGTON ST
QUINCY FL 32351

3. Date Incorporated or Qualified
12/31/1987

3a. Date of Last Report
02/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2805647

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ERDMAN, JENNIFER
110 E WASHINGTON STR
QUINCY FL 32351**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BATES, MARK	
STREET ADDRESS	13 N. MADISON STREET	
CITY-ST-ZIP	QUINCY FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	GREGORY, DANIEL V	
STREET ADDRESS	107 W. FRANKLIN STREET	
CITY-ST-ZIP	QUINCY FL	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	LITTLE, ALMA B DR.	
STREET ADDRESS	21 N. LOVE STREET	
CITY-ST-ZIP	QUINCY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHERMAN, MICHAEL	
STREET ADDRESS	9 E. JEFFERSON STREET	
CITY-ST-ZIP	QUINCY FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, JERRY	
STREET ADDRESS	4 E WASHINGTON STR	
CITY-ST-ZIP	QUINCY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEACOCK, JACK	
STREET ADDRESS	1640 W JEFFERSON STR	
CITY-ST-ZIP	QUINCY FL	

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Suellen Dickson	
1.3 STREET ADDRESS	3 N Madison St.	
1.4 CITY-ST-ZIP	Quincy, FL 32351	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Laura Rollins	
2.3 STREET ADDRESS	4 E. Washington St	
2.4 CITY-ST-ZIP	Quincy, FL 32351	
3.1 TITLE	Chairperson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Vice Chairperson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Joann Clay	
5.3 STREET ADDRESS	16 A E Washington St	
5.4 CITY-ST-ZIP	Quincy, FL 32351	
6.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alma B. Little* **Alma B. Little**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)