

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000001750 (9)**  
1. Corporation Name

**THE MERCHANTS ASSOCIATION OF DOWNTOWN DUNEDIN IN CORPORATED**



Principal Place of Business: 351 MAIN STREET DUNEDIN FL 34698  
Mailing Address: 351 MAIN STREET DUNEDIN FL 34698

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25  
2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

3. Date Incorporated or Qualified: 04/20/1993  
3a. Date of Last Report: 05/31/1995  
4. FEI Number: 59-3180141  
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  
BRADY, GREGORY  
351 MAIN ST  
SUITE 110  
DUNEDIN FL 34698

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	BRADY, GREGG	12 NAME	
STREET ADDRESS	351 MAIN STREET	13 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	VD
NAME	MOORE, ROBERT	22 NAME	Halmas, Tamara
STREET ADDRESS	325 MAIN STREET	23 STREET ADDRESS	461 Main st.
CITY-ST-ZIP	DUNEDIN FL 34698	24 CITY-ST-ZIP	Dunedin, Fl. 34698
TITLE	TD	31 TITLE	TD
NAME	HELMS, TAMARA	32 NAME	McMullen, Juanita
STREET ADDRESS	234 DOUGLAS AVE	33 STREET ADDRESS	457 Main st.
CITY-ST-ZIP	DUNEDIN FL 34698	34 CITY-ST-ZIP	Dunedin, Fl. 34698
TITLE	S	41 TITLE	
NAME	KELLY, KATHERINE	42 NAME	Folkman, Ellen
STREET ADDRESS	380 MAIN STREET	43 STREET ADDRESS	362 Main st.
CITY-ST-ZIP	DUNEDIN FL 34698	44 CITY-ST-ZIP	Dunedin, Fl. 34698
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: *Juanita McMullen* x4/25/96 x813-734-2492  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr Phone #

CR2E037 (12/95)