2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000001750

FILED Oct 18, 2005 Secretary of State

Entity Name: THE MERCHANTS ASSOCIATION OF DOWNTOWN DUNEDIN INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

595 MAIN STREET DUNEDIN, FL 34698

Current Mailing Address: New Mailing Address:

 595 MAIN STREET
 P O BOX 2112

 DUNEDIN, FL 34698
 DUNEDIN, FL 34697

FEI Number: 59-3180141 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HUBBARD, JOHN 595 MAIN STREET DUNEDIN, FL 34698 US

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: JOHN HUBBARD

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: P () Delete Title: P (X) Change () Addition

 Name:
 BRADY, GREGORY
 Name:
 COONEY, KATRINA

 Address:
 351 MAIN ST
 Address:
 465 MAIN ST

 City-St-Zip:
 DUNEDIN, FL 34698
 City-St-Zip:
 DUNEDIN, FL 34698

 Address:
 465 MAIN ST.
 Address:
 662 MAIN ST.

 City-St-Zip:
 DUNEDIN, FL 34698
 City-St-Zip:
 DUNEDIN, FL 34698

 Name:
 HELMS, TAMARA
 Name:
 SWEENEY, JANE

 Address:
 234 DOUGLAS
 Address:
 310 MAIN STREET

 City-St-Zip:
 DUNEDIN, FL 34698
 City-St-Zip:
 DUNEDIN, FL 34698

 $\label{eq:title:title:title:title:S} \textit{Title:} \textit{S} \textit{(X) Change () Addition}$

 Name:
 COLEMAN, BILL
 Name:
 JOINES, STEPHANIE

 Address:
 718 BROADWAY
 Address:
 2494 BAYSHORE BLVD

 City-St-Zip:
 DUNEDIN, FL 34698
 City-St-Zip:
 DUNEDIN, FL 34698

Title: S (X) Delete Title: () Change () Addition

 Name:
 KELLEY, KATHY
 Name:

 Address:
 131 BROADWAY
 Address:

 City-St-Zip:
 DUNEDIN, FL 34698
 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: KATRINA COONEY P 10/18/2005