

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 30, 2008  
Secretary of State

DOCUMENT# N93000001750

Entity Name: THE MERCHANTS ASSOCIATION OF DOWNTOWN DUNEDIN INCORPORATED

**Current Principal Place of Business:**

595 MAIN STREET  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2112  
DUNEDIN, FL 34697

**New Mailing Address:**

FEI Number: 59-3180141

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HUBBARD, JOHN  
595 MAIN STREET  
DUNEDIN, FL 34698 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: VP ( ) Delete  
Name: LEWIS, JOHN  
Address: P O BOX 2112  
City-St-Zip: DUNEDIN, FL 34697

Title: P ( ) Delete  
Name: JOINES, STEPHANIE  
Address: P O BOX 2112  
City-St-Zip: DUNEDIN, FL 34697

Title: T ( ) Delete  
Name: HALLE, JEANNE  
Address: P O BOX 2112  
City-St-Zip: DUNEDIN, FL 34697

Title: S ( ) Delete  
Name: FOX, ELINOR  
Address: P O BOX 2112  
City-St-Zip: DUNEDIN, FL 34697

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: P (X) Change ( ) Addition  
Name: COONEY, KATRINA  
Address: P O BOX 2112  
City-St-Zip: DUNEDIN, FL 34697

Title: VP (X) Change ( ) Addition  
Name: BRYANT, MICHAEL  
Address: P O BOX 2112  
City-St-Zip: DUNEDIN, FL 34697

Title: T (X) Change ( ) Addition  
Name: TUCKER, ROSE  
Address: P O BOX 2112  
City-St-Zip: DUNEDIN, FL 34697

Title: S (X) Change ( ) Addition  
Name: SHEEHAN, ROBBIE  
Address: P O BOX 2112  
City-St-Zip: DUNEDIN, FL 34697

Title: D ( ) Change (X) Addition  
Name: JOINES, STEPHANIE  
Address: PO BOX 2112  
City-St-Zip: DUNEDIN, FL 34698

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: STEPHANIE JOINES

D

03/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date