

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 01, 2009
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 ()**
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:

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: JOHN HUBBARD

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: COONEY, KATRINA
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: MICHAEL N. BRYANT

Electronic Signature of Signing Officer or Director

PRES

10/01/2009

Date