

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 # N93000001833 (3)

1. Corporation Name

ARCADIA MAIN STREET PROGRAM, INC.



Principal Place of Business	Mailing Address
120 W. OAK ST. ARCADIA FL 33821	120 W. OAK ST. ARCADIA FL 33821

3. Date Incorporated or Qualified 04/22/1993	3a. Date of Last Report 04/03/1995
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number 65-0383160	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

MUNDELL, J R
120 W. OAK ST.
ARCADIA FL 33821

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	MUNDELL, J R
STREET ADDRESS	523 E. MAGNOLIA ST.
CITY-ST-ZIP	ARCADIA FL 33821
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KAMBERG, HEATHER
STREET ADDRESS	RT. 1, BOX 477K N/A
CITY-ST-ZIP	ARCADIA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KIRKPATRICK, JUDY
STREET ADDRESS	23 SEVILLA AVE.
CITY-ST-ZIP	ARCADIA FL 33821
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	COLE, MARY ELIZABETH
STREET ADDRESS	600 W. GIBSON, APT. 4
CITY-ST-ZIP	ARCADIA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BAUMANN, ROBERT W.
1.3 STREET ADDRESS	427 W. HICKORY ST
1.4 CITY-ST-ZIP	ARCADIA, FL 33821
2.1 TITLE	D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VILKI SPIRES
2.3 STREET ADDRESS	1409 E. OAK ST.
2.4 CITY-ST-ZIP	ARCADIA, FL 33821
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PATTI BOONE
3.3 STREET ADDRESS	29 E. POLK ST
3.4 CITY-ST-ZIP	ARCADIA, FL 33821
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input 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: _____ DATE: **3/26/96** DAYTIME PHONE # _____

CR2E037 (12/95)