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Jun 02 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34266-3914

3. Date Incorporated or Qualified  
04/22/1993

3a. Date of Last Report  
04/04/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0383160

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

22 City & State

27 City & State

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  DELETE  
NAME BAUMANN, ROBERT W  
STREET ADDRESS 427 W HICKORY ST  
CITY - ST - ZIP ARCAOIA FL

1.1 TITLE DP  Change  Addition  
1.2 NAME PETER D. BECK  
1.3 STREET ADDRESS 132 W. OAK ST  
1.4 CITY - ST - ZIP ARCADIA, F. 34266

TITLE DS  DELETE  
NAME SPIRES, VICKI  
STREET ADDRESS 1409 E OAK ST  
CITY - ST - ZIP ARCADIA FL

2.1 TITLE UD  Change  Addition  
2.2 NAME DEBORAH MADDEN  
2.3 STREET ADDRESS 10 S. DE SOTO AVE  
2.4 CITY - ST - ZIP ARCADIA, FL 34266

TITLE D  DELETE  
NAME BONNE, PATTI  
STREET ADDRESS 29 S POLK ST  
CITY - ST - ZIP ARCADIA FL

3.1 TITLE MICHELLE LECROIX S  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS 120 W. OAK ST  
3.4 CITY - ST - ZIP ARCADIA, FL 34266

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE TD  Change  Addition  
4.2 NAME J.R. MUNDELL  
4.3 STREET ADDRESS 120 W. OAK ST  
4.4 CITY - ST - ZIP ARCADIA, FL 34266

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Peter D. Beck

(941) 993-2990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 993-2990

CR2E037 (9/96)