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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000001833

1. Corporation Name

ARCADIA MAIN STREET PROGRAM, INC.

Principal Place of Business

120 W. OAK ST.
 ARCADIA FL 34266
 US

Mailing Address

120 W. OAK ST.
 ARCADIA FL 34266
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country

2a. Mailing Address

26 P.O. Box 584
 27 Suite, Apt. #, etc.
 28 Arcadia FL
 29 34265 30 US

3. Date Incorporated or Qualified

04/22/1993

4. FEI Number

65-0383160

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STRICKLAND, TOM	
STREET ADDRESS	26 W OAK STREET	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MADDEN, DEBROAH	
STREET ADDRESS	10 S. DESOTO AVE	
CITY-ST-ZIP	ARCADIA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LECROIX, MICHELLE	
STREET ADDRESS	120 W. OAK ST	
CITY-ST-ZIP	ARCADIA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MUNDEU, J.R.	
STREET ADDRESS	120 W OAK ST	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KENNETH E CAMP Jr	
1.3 STREET ADDRESS	9 WEST MAGNOLIA ST.	
1.4 CITY-ST-ZIP	ARCADIA, FL 34266	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LANNY VAN RYN	
2.3 STREET ADDRESS	255 WINE TOWER AV.	
2.4 CITY-ST-ZIP	ARCADIA FL 34266	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: April 19, 1999

CR2E037 (11/98)