


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91024 026 ****61.25

DOCUMENT # N93000001833
 1. Entity Name
 ARCADIA MAIN STREET PROGRAM, INC.



Principal Place of Business
 202 WEST OAK
 STE 301
 ARCADIA, FL 34266 US

Mailing Address
 PO BOX 584
 ARCADIA, FL 34265 US

94081875



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

04272004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
 65-0383160

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BAKER, KATHLEEN
 4836 NW TALL OAK TREE
 ARCADIA, FL 34266

7. Name and Address of New Registered Agent
 Name: Pam Ames
 Street Address (P.O. Box Number is Not Acceptable):
 108 W. Oak St.
 City: Arcadia FL Zip Code: 34266

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: Pamela Ames DATE: 4/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME PD- BAKER, KATHLEEN STREET ADDRESS 4836 NW TALL OAK TREE CITY-ST-ZIP ARCADIA, FL 34266	<input checked="" type="checkbox"/> Delete
TITLE NAME TD VANRYAN, LANNY STREET ADDRESS 18 TEXAS CITY-ST-ZIP ARCADIA, FL 34266	<input checked="" type="checkbox"/> Delete
TITLE NAME VD SHULLER, KAREN STREET ADDRESS 2854 SW LOIS AVE CITY-ST-ZIP ARCADIA, FL 34266	<input checked="" type="checkbox"/> Delete
TITLE NAME S VAN RYN, LANNY STREET ADDRESS 18 TEXAS AVE CITY-ST-ZIP ARCADIA, FL 34266	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME President Pam Ames 108 W. Oak St. Arcadia, FL 34266	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME Vice President Brenda Strickland 26 W. Oak St. Arcadia, FL 34266	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME Treasurer Cindy Honger 104 W. Oak St. Arcadia, FL 34266	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME Sec. Rector Rosa Rector 217 W. Oak St. Arcadia, FL 34266	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
 SIGNATURE: Pamela Ames DATE: 4/27/04 (813) 494-9904
Signature and typed or printed name of signing officer or director Date Daytime Phone #