

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001833

FILED
Apr 09, 2007
Secretary of State

Entity Name: ARCADIA MAIN STREET PROGRAM, INC.

Current Principal Place of Business:

202 WEST OAK
STE 301
ARCADIA, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 584
ARCADIA, FL 34265 US

New Mailing Address:

FEI Number: 65-0383160 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMES, PAM
108 WEST OAK ST.
ARCADIA, FL 34266 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AMES, PAM
Address: 108 WEST OAK ST.
City-St-Zip: ARCADIA, FL 34266

Title: VP () Delete
Name: CRAVEN, MARTHA
Address: 13 S MONROE AVE
City-St-Zip: ARCADIA, FL 34266

Title: T () Delete
Name: GADBOIS, CATHERINE A
Address: 202 WEST OAK STREET SUITE 301
City-St-Zip: ARCADIA, FL 342663969

Title: S (X) Delete
Name: CAEBONNEAU, PAT
Address: 209 WEST OAK ST
City-St-Zip: ARCADIA, FL 34266

Title: S () Delete
Name: HIGLEY, KAY
Address: 427 WEST HICKORY STREET
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: VELASCO, LUIS A
Address: 126 S. HERNANDO AVE.
City-St-Zip: ARCADIA, FL 34266

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PAM AMES

P

04/09/2007

Electronic Signature of Signing Officer or Director

_____ Date