

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90459 013 \*\*\*\*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**

11002342



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **65-0383160**  
Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Kathleen Baker**  
Street Address (P.O. Box Number is Not Acceptable)  
**4836 NW Tall Oak Terr.**  
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 *x Kathleen Baker*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
NAME **CAMP, KENNETH E JR**  
STREET ADDRESS **4836 NW TALL OAK TERR**  
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE **President**  Change  Addition  
NAME **Kathleen Baker**  
STREET ADDRESS **4836 NW Tall Oak Terr**  
CITY-ST-ZIP **Arcadia, FL 34266**

TITLE **TD**  Delete  
NAME **MUNDEU, J.R.**  
STREET ADDRESS **120 W OAK ST**  
CITY-ST-ZIP **ARCADIA FL**

TITLE **Treasurer**  Change  Addition  
NAME **Lanny Van Ryn**  
STREET ADDRESS **18 Texas Ave**  
CITY-ST-ZIP **Arcadia, FL 34266**

TITLE **VD**  Delete  
NAME **SHULLER, KAREN**  
STREET ADDRESS **2854 SW LOIS AVE**  
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S**  Delete  
NAME **VAN RYN, LANNY**  
STREET ADDRESS **18 TEXAS AVE**  
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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: *x Kathleen Baker*

CR2E037 (10/02)