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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90054 009 ****61.25

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DEPARTMENT OF STATE

DOCUMENT # N95000004656

1. Corporation Name
MAIN STREET WAUCHULA, INC.

Principal Place of Business	Mailing Address
411 W ORANGE ST WAUCHULA FL 33873 US	P.O. BOX 1162 WAUCHULA FL 33873 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/29/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0625907 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BURTON, JOHN W. H ESQ.
501 W. MAIN STREET
WAUCHULA FL 33873

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GOSSMAN, GARY		1.2 NAME		
STREET ADDRESS	8624 CR 17TH SOUTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CREWS, JERALDINE		2.2 NAME		
STREET ADDRESS	GRIFFEN ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL 33873		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	REVELL, ONEITA		3.2 NAME		
STREET ADDRESS	STENSTORM ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL 33873		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RANDALL, KATE		4.2 NAME		
STREET ADDRESS	320 RIVERSIDE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL 33873		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	DELATORRE, GARY		5.2 NAME	DEBBIE CARLTON	
STREET ADDRESS	702 S. 6TH AVENUE		5.3 STREET ADDRESS	2587 W MAIN ST.	
CITY-ST-ZIP	WAUCHULA FL 33873		5.4 CITY-ST-ZIP	WAUCHULA, FL 33873	
TITLE	VPD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JONES, MARY		6.2 NAME		
STREET ADDRESS	568 POPASH RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL 33873		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 REQUIRED GARY S. GOSSMAN, TREASURER 1/10/99 941 7736606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #