2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000004656

1. Entity Name
MAIN STREET WAUCHULA, INC.

Principal Place of Business	Mailing Address
225 EAST MAIN STREET WAUCHULA, FL 33873 US	P.O. BOX 1162 WAUCHULA, FL 33873 US

04292005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0625907
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GILL, ELIZABETH
STREET ADDRESS	515 CARLTON STREET
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	D
NAME	CREWS, JERALDINE
STREET ADDRESS	PO BOX 248
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	D
NAME	BAXTER, TRACY T
STREET ADDRESS	703 HONOLULU DR
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	P/D
NAME	CARLTON, DEBBIE
STREET ADDRESS	2587 W MAIN ST
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	VP
NAME	WALKER, KATHY
STREET ADDRESS	4162 W MAIN ST
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	PD
NAME	GOSSMAN, GARY
STREET ADDRESS	515 CARLTON STREET
CITY-ST-ZIP	WAUCHULA, FL 33873

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05/04/05-80112-023 61.25

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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: Elizabeth B Gill 863-773-6606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #