


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90209 037 \*\*\*\*61.25

**DOCUMENT # N99000003958**

1. Entity Name  
 MAIN STREET OF MONTICELLO/JEFFERSON COUNTY, INC.



Principal Place of Business 240 W. WASHINGTON ST MONTICELLO, FL 32344	Mailing Address 240 W. WASHINGTON ST MONTICELLO, FL 32344
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**DO NOT WRITE IN THIS SPACE**



01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3568856</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DRAWDY, MARY FRANCES  
 420 W WASHINGTON STREET  
 MONTICELLO, FL 32344

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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, 2006.**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, TRACEY PO BOX 338 (166 E.DOGWOOD) MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUGHES, BARBARA 230 W WASHINGTON STREET MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SKELTON, DONNA 385 N. JEFFERSON MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SKELTON, MO 385 N. JEFFERSON MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GWYNN, NOANNE 550 E WASHINGTON STREET MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVERA, GRETCHEN 580 W. WASHINGTON MONTICELLO, FL 32344

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Mary Frances Drawdy* **4-20-06** **850-997-5552**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #