

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/


FILED
Apr 13, 2004 8:00 am
Secretary of State

03-09-2004 90008 016 ****61.25

00411100



02102004 Chg-NP CR2E037 (10/03)

DOCUMENT # N03000009650					
1. Entity Name MELBOURNE MAIN STREET, INC.					
Principal Place of Business 1908 MUNICIPAL LANE MELBOURNE, FL 32901			Mailing Address P O BOX 754 MELBOURNE, FL 32901		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 34-1917660	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RYALS, JACK L 843 E NEW HAVEN AVE MELBOURNE, FL 32904-0754				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RYALS, JACK L		NAME		
STREET ADDRESS	P O BOX 754		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 329020754		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEREMDEEN, LISA L		NAME		
STREET ADDRESS	P O BOX 754		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 329020754		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDERS, BEVERLY		NAME	R.B. BACKNER	
STREET ADDRESS	P O BOX 754		STREET ADDRESS	P O BOX 754	
CITY-ST-ZIP	MELBOURNE, FL 329020754		CITY-ST-ZIP	MELBOURNE, FL 32902-0754	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIDENOUR, JIM		NAME	DWIGHT FLEET	
STREET ADDRESS	P O BOX 754		STREET ADDRESS	P O BOX 754	
CITY-ST-ZIP	MELBOURNE, FL 329020754		CITY-ST-ZIP	MELBOURNE, FL 32902-0754	
TITLE		<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ROBERT PINNICK	
STREET ADDRESS			STREET ADDRESS	P O BOX 754	
CITY-ST-ZIP			CITY-ST-ZIP	MELBOURNE, FL 32902-0754	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u><i>Robert W Pinnick</i></u> TREASURER			2-11-04 321-727-2353		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
<u><i>Robert W Pinnick</i></u>					