

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90095 050 ****61.25

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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**

00007178



DO NOT WRITE IN THIS SPACE

06292005 No Chg-NP CR2E037 (10/03)

4. FEI Number **34-1977660** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RYALS, JACK L
843 E NEW HAVEN AVE
MELBOURNE, FL 32904-0754**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ~~JEREMDEEN, LISA~~ **Beverly Sanders**
STREET ADDRESS P O BOX 754
CITY-ST-ZIP MELBOURNE, FL 329020754

TITLE VD
NAME ~~BECKMER, BOB~~ **Lisa Dutcher-Herendeen**
STREET ADDRESS P O BOX 754
CITY-ST-ZIP MELBOURNE, FL 329020754

TITLE SD
NAME ~~FLEET, DIANA~~ **Sheri Taylor**
STREET ADDRESS P O BOX 754
CITY-ST-ZIP MELBOURNE, FL 329020754

TITLE TD
NAME ~~PINNICK, ROBERT~~ **Thomas Kasica**
STREET ADDRESS PO BOX 754
CITY-ST-ZIP MELBOURNE, FL 329020754

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Beverly Sanders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/05 *321-724-5400*
Date Daytime Phone #