

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

FILED
Apr 28, 2006 08:00 AM
Secretary of State

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**



04202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**U00000540637
05/10/06-80025-012 61.25**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANDERS, BEVERLY
STREET ADDRESS	P O BOX 754
CITY-ST-ZIP	MELBOURNE, FL 329020754
TITLE	VD
NAME	DUTCHER-HERENDIEN, LISA
STREET ADDRESS	P O BOX 754
CITY-ST-ZIP	MELBOURNE, FL 329020754
TITLE	SD
NAME	TAYLOR, SHERI
STREET ADDRESS	P O BOX 754
CITY-ST-ZIP	MELBOURNE, FL 329020754
TITLE	TD
NAME	KASICA, THOMAS
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 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:

M.L. Gann, Jr. - M.L. Gann, Jr. - Exec. Director

4/20/06

(321) 724-1741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #