

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009650

**Entity Name:** MELBOURNE MAIN STREET, INC.**Current Principal Place of Business:**2004 VERNON PLACE  
MELBOURNE, FL 32901**Current Mailing Address:**P O BOX 754  
MELBOURNE, FL 32902 US**FEI Number:** 34-1977660**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AGEE, KIM  
2004 VERNON PLACE  
MELBOURNE, FL 32901 US*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.***SIGNATURE:** KIM AGEE

04/29/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SKURLA, MARTY  
Address P O BOX 754  
City-State-Zip: MELBOURNE FL 32902

Title DIRECTOR  
Name MCGUIRE, ALEXIS  
Address P O BOX 754  
City-State-Zip: MELBOURNE FL 32902

Title BOARD CHAIR  
Name RUNTE, COREY  
Address P O BOX 754  
City-State-Zip: MELBOURNE FL 32902

Title DIRECTOR  
Name HOUSTON, SARA  
Address P O BOX 754  
City-State-Zip: MELBOURNE FL 32902

Title DIRECTOR  
Name CABLE, DAVID  
Address P O BOX 754  
City-State-Zip: MELBOURNE FL 32902

Title TREASURER  
Name LOCKE, TERRY  
Address P O BOX 754  
City-State-Zip: MELBOURNE FL 32902

Title CHAIR ELECT  
Name LUER, BERT  
Address P O BOX 754  
City-State-Zip: MELBOURNE FL 32902

Title DIRECTOR  
Name WATTS, MARTI  
Address P O BOX 754  
City-State-Zip: MELBOURNE FL 32902

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** COREY RUNTE

BOARD CHAIR

04/29/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HARTFORD, CASSANDRA  
Address P O BOX 754  
City-State-Zip: MELBOURNE FL 32902

Title DIRECTOR  
Name FRAZIER JR, JOHN  
Address P O BOX 754  
City-State-Zip: MELBOURNE FL 32902

Title DIRECTOR  
Name WILLIAMS, JASON  
Address P O BOX 754  
City-State-Zip: MELBOURNE FL 32902