

**2018 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 32901**FEI Number:** 34-1977660**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LUCAS, JOHN  
843 E NEW HAVEN AVE  
MELBOURNE, FL 32904-0754 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:** JOHN LUCAS

02/20/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D
Name	LEWIS, MARK
Address	P O BOX 754
City-State-Zip:	MELBOURNE FL 32902-0754

Title	DIRECTOR
Name	SKURLA, MARTY
Address	1908 MUNICIPAL LANE
City-State-Zip:	MELBOURNE FL 32901

Title	CEO
Name	EISENBERG, JARIN R
Address	1908 MUNICIPAL LANE
City-State-Zip:	MELBOURNE FL 32901

Title	DIRECTOR
Name	SPATOLA, BRIAN
Address	P O BOX 754
City-State-Zip:	MELBOURNE FL 32901

Title	DIRECTOR
Name	LARNED, JESSICA
Address	1908 MUNICIPAL LANE
City-State-Zip:	MELBOURNE FL 32901

Title	DIRECTOR
Name	GRAHAM, KYLE
Address	1908 MUNICIPAL LANE
City-State-Zip:	MELBOURNE FL 32901

Title	TREASURER
Name	DIFRISCO, DON
Address	1908 MUNICIPAL LANE
City-State-Zip:	MELBOURNE FL

Title	DIRECTOR
Name	DONOGHUE, GREG
Address	1908 MUNICIPAL LANE
City-State-Zip:	MELBOURNE FL 32901

**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:** JARIN R. EISENBERG**EXECUTIVE DIRECTORY**

02/20/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	FARRISH, JIM
Address	1218 E NEW HAVEN AVE
City-State-Zip:	MELBOURNE FL 32901