

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007883

**Entity Name:** NEWBERRY MAIN STREET ORGANIZATION, INC.

**Current Principal Place of Business:**

25435 W. NEWBERRY ROAD  
NEWBERRY, FL 32669

**Current Mailing Address:**

PO BOX 39  
NEWBERRY, FL 32669 US

**FEI Number: 26-1558153**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

HENDRIX, BARBARA  
26425 SW 4TH AVE  
NEWBERRY, FL 32669 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRES  
Name            WATSON, GAIL K PRESIDENT  
Address        P.O. BOX 577  
City-State-Zip: NEWBERRY FL 32669

Title            VP  
Name            PATTON, DANA  
Address        915 NW SR 45  
City-State-Zip: NEWBERRY FL 32669

Title            TREASURER  
Name            EVANS, JEAN M  
Address        23808 SW 30TH AVE.  
City-State-Zip: NEWBERRY FL 32669

Title            SEC  
Name            GARRETT, LOWELL  
Address        P.O. BOX 1033  
City-State-Zip: ALACHUA FL 32615

Title            EX DIRECTOR  
Name            HENDRIX, BARBARA E  
Address        26425 SW 4TH AVE  
City-State-Zip: NEWBERRY FL 32669

*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: BARBARA HENDRIX**

**EXECUTIVE DIRECTOR**

**04/18/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date