

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000003334

**Entity Name:** LYNN HAVEN MAIN STREET, INC.

**Current Principal Place of Business:**

825 OHIO AVENUE  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

825 OHIO AVENUE  
LYNN HAVEN, FL 32444

**FEI Number:** 45-1845611

**Certificate of Status Desired:** No

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

JACKSON, ROBERT CESQ.  
825 OHIO AVENUE  
LYNN HAVEN, FL 32444 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 DIRECTOR  
Name AYCOCK, BILL  
Address 1019 SUNSET LN  
City-State-Zip: LYNN HAVEN FL 32444

Title CHAIRMAN, PRESIDENT  
Name DAFFIN, BRIAN  
Address 818 RADCLIFF DR.  
City-State-Zip: LYNN HAVEN FL 32444

Title DIRECTOR  
Name HALL, JUSTIN  
Address 3517 AZALEA WAY  
City-State-Zip: PANAMA CITY FL 23405

Title DIRECTOR  
Name LEEBRICK, BRIAN  
Address 512 PICKEREL CT.  
City-State-Zip: LYNN HAVEN FL 32444

Title DIRECTOR  
Name MORTENSON, DALE DR.  
Address 212 MONTANA AVE.  
City-State-Zip: LYNN HAVEN FL 32444

Title DIRECTOR  
Name RIEMER, MATT  
Address 2120 FOX RUN  
City-State-Zip: LYNN HAVEN FL 32444

Title DIRECTOR  
Name SLONINA, JAMES H.  
Address 3005 LYNN HAVEN PKWY  
City-State-Zip: LYNN HAVEN FL 32444

Title DIRECTOR  
Name SPRADLEY, DEBRA  
Address 2210 ANDREWS RD.  
City-State-Zip: LYNN HAVEN FL 32444

**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:** J. BRIAN DAFFIN

**CHAIRMAN, PRESIDENT**

**02/20/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY, TREASURER  
Name JANKE, BERND  
Address 503 WEST 10TH STREET  
City-State-Zip: LYNN HAVEN FL 32444

Title VC, VP  
Name JONES, PATRICK  
Address 931 EAST PIERSON DR.  
City-State-Zip: LYNN HAVEN FL 32444