

2013 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 VP
Name DAFFIN, BRIAN
Address 3401 COUNTRY CLUB 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 CHAIRMAN, PRESIDENT
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

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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: BERND JANKE

SECRETARY, TREASURE 03/04/2013

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STANLEY, SALLY
Address 2300 CORAL DR.
City-State-Zip: LYNN HAVEN FL 32444

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