

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14029

Entity Name: NEW PORT RICHEY MAIN STREET, INC.**Current Principal Place of Business:**5415 MAIN STREET
NEW PORT RICHEY, FL 34652**Current Mailing Address:**PO BOX 515
NEW PORT RICHEY, FL 34656-0515 US**FEI Number:** 59-2684075**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMITH, MELISSA E
5415 MAIN STREET
NEW PORT RICHEY, FL 34652-2502 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:** MELISSA E SMITH

04/05/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BENE, PATRICK
Address 5415 MAIN STREET
 C/O NEW PORT RICHEY MAIN
 STREET, INC.
City-State-Zip: NEW PORT RICHEY FL 34652-2502

Title VP
Name LABBANCZ, WILLIAM
Address 5415 MAIN STREET
 C/O NEW PORT RICHEY MAIN
 STREET, INC.
City-State-Zip: NEW PORT RICHEY FL 34652-2502

Title EXECUTIVE DIRECTOR
Name SMITH, MELISSA E.
Address 5415 MAIN STREET
 C/O NEW PORT RICHEY MAIN
 STREET, INC.
City-State-Zip: NEW PORT RICHEY FL 34652-2502

Title TREASURER
Name BRUCE, MILLS
Address 5415 MAIN STREET
 C/O NEW PORT RICHEY MAIN
 STREET, INC.
City-State-Zip: NEW PORT RICHEY FL 34652-2502

Title SEC
Name MCATEER, KARIE
Address 5644 MAIN STREET
City-State-Zip: NEW PORT RICHEY FL 34652-2634

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: MELISSA E SMITH

EXECUTIVE DIRECTOR

04/05/2022

Electronic Signature of Signing Officer/Director Detail

Date