2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2021
Secretary of State
9275624447CC

DOCUMENT# N14029

Entity Name: NEW PORT RICHEY MAIN STREET, INC.

Current Principal Place of Business:

5443 MAIN STREET
C/O NEW PORT RICHEY MAIN STREET, INC.
NEW PORT RICHEY, FL 34652-2502

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:

MARIN, AMY E
5443 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: AMY E. MARIN 02/01/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	VP
Name	BENE, PATRICK	Name	MURPHY, AMANDA
Address	5443 MAIN STREET C/O NEW PORT RICHEY MAIN STREET, INC.	Address	5443 MAIN STREET C/O NEW PORT RICHEY MAIN STREET, INC.
City-State-Zip:	NEW PORT RICHEY FL 34652-2502	City-State-Zip:	NEW PORT RICHEY FL 34652-2502
Title	EXECUTIVE DIRECTOR	Title	TREASURER
Name	MARIN, AMY E.	Name	BRUCE, MILLS
Address	5443 MAIN STREET C/O NEW PORT RICHEY MAIN STREET, INC.	Address	5443 MAIN STREET C/O NEW PORT RICHEY MAIN STREET, INC.
City-State-Zip:	NEW PORT RICHEY FL 34652-2502	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: AMY E. MARIN EXECUTIVE DIRECTOR 02/01/2021

Electronic Signature of Signing Officer/Director Detail — Date