

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14029

Entity Name: GREATER NEW PORT RICHEY MAIN STREET, INC.**Current Principal Place of Business:**5644 MAIN STREET
C/O NEW PORT RICHEY MAIN STREET, INC.
NEW PORT RICHEY, FL 34652-2634**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:**MISEMER, ELIZABETH M
5644 MAIN STREET
NEW PORT RICHEY, FL 34652-2634 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:** ELIZABETH M. MISEMER

02/20/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	BENE, PATRICK
Address	5644 MAIN STREET
City-State-Zip:	NEW PORT RICHEY FL 34652-2634

Title	VP
Name	SHOEMAKER, ADAM
Address	5644 MAIN STREET
City-State-Zip:	NEW PORT RICHEY FL 34652-2634

Title	EXECUTIVE DIRECTOR
Name	MISEMER, ELIZABETH
Address	5644 MAIN STREET
City-State-Zip:	NEW PORT RICHEY FL 34652-2634

Title	TR
Name	PARTAZANA, CYNTHIA
Address	5644 MAIN STREET
City-State-Zip:	NEW PORT RICHEY FL 34652-2634

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

Title	ACC
Name	SHEARER, MELISSA
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: ELIZABETH MISEMER

EXECUTIVE DIRECTOR

02/20/2020

Electronic Signature of Signing Officer/Director Detail

Date