

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000007495

Entity Name: MAIN STREET BLOUNTSTOWN, INC**Current Principal Place of Business:**20187 NW EVANS AVE
BLOUNTSTOWN, FL 32424**Current Mailing Address:**20187 NW EVANS AVE
BLOUNTSTOWN, FL 32424**FEI Number: 81-4319128****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALDEN, ROBERT B
20187 NW EVANS AVE
BLOUNTSTOWN, FL 32424 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	P
Name	WALDEN, ROBERT B
Address	20187 NW EVANS AVE
City-State-Zip:	BLOUNTSTOWN FL 32424

Title	VP
Name	WALDEN, KELLI
Address	20187 NW EVANS AVE
City-State-Zip:	BLOUNTSTOWN FL 32424

Title	SECRETARY, TREASURER
Name	MCCRONE, RANDA
Address	18859 NE LIVE OAK LANE
City-State-Zip:	BLOUNTSTOWN FL 32424

Title	OFFICER
Name	PEACOCK, CARLA
Address	P.O. BOX 356
City-State-Zip:	BLOUNTSTOWN FL 32424

Title	OFFICER
Name	MONTFORD, VICKI
Address	17665 NE PEAR STREET
City-State-Zip:	BLOUNTSTOWN FL 32424

Title	OFFICER
Name	MCCRONE, SHARON L
Address	25712 NE STATE ROAD 69
City-State-Zip:	BLOUNTSTOWN FL 32424

Title	OFFICER
Name	NEVES, MARY SUE
Address	175054 MAIN STREET S
City-State-Zip:	BLOUNTSTOWN FL 32424

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: ROBERT BENJAMIN WALDEN**PRESIDENT****03/06/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date