

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001833

**Entity Name:** ARCADIA MAIN STREET PROGRAM, INC.

**Current Principal Place of Business:**

17 N. POLK AVE.  
ARCADIA, FL 34266

**Current Mailing Address:**

PO BOX 1104  
ARCADIA, FL 34266 US

**FEI Number:** 65-0383160

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AMES, PAMELA  
17 N. POLK AVE.  
ARCADIA, FL 34266 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:** PAMELA AMES

01/29/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           HEINE, ROBERT ANDREW  
Address        333 LASOLONA AVENUE  
City-State-Zip: ARCADIA FL 34266

Title           PRESIDENT  
Name           PATEL, SANJAY  
Address        2 WEST OAK STREET  
City-State-Zip: ARCADIA FL 34266

Title           EXECUTIVE DIRECTOR  
Name           AMES, PAMELA  
Address        PO BOX 1104  
City-State-Zip: ARCADIA FL 34265

Title           VP  
Name           LEE, JAMES  
Address        2288 SE MCCLELLAND DRIVE  
City-State-Zip: ARCADIA FL 34266

Title           SECRETARY  
Name           PALMER, CHELSEA  
Address        124 NORTH ORANGE AVENUE  
City-State-Zip: ARCADIA FL 34266

*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:** PAMELA AMES

**EXECUTIVE DIRECTOR**

01/29/2024

Electronic Signature of Signing Officer/Director Detail

Date