

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90453 030 \*\*\*\*70.00

**DOCUMENT # N01000004806**

1. Entity Name

FLAGLER BEACH MAIN STREET, INC.



Principal Place of Business

200 SOUTH A1A  
SUITE #4  
FLAGLER BEACH FL 32136

Mailing Address

312 N 12TH STREET  
FLAGLER BEACH FL 32136

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

31-1784703

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLEMONS, RICHARD L  
312 N. 12TH STREET  
FLAGLER BEACH FL 32136

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: MD  
NAME: CLEMONS, RICHARD  
STREET ADDRESS: 312 NORTH 12TH ST  
CITY-ST-ZIP: FLAGLER BEACH FL 32136 ☐ Delete

TITLE: PVD  
NAME: MCGREW, JOY  
STREET ADDRESS: 1724 S. FLAGLER AVE  
CITY-ST-ZIP: FLAGLER BEACH FL 32136 ☐ Delete

TITLE: STD  
NAME: CLEMONS, REGINA  
STREET ADDRESS: 312 N. 12TH STREET  
CITY-ST-ZIP: FLAGLER BEACH FL 32136 ☐ Delete

TITLE: D  
NAME: STOKES, LEA  
STREET ADDRESS: 406 OCAEN MARINA DR  
CITY-ST-ZIP: FLAGLER BEACH FL 32136 ☐ Delete

TITLE: D  
NAME: PRUDENT, TERI  
STREET ADDRESS: 2234 S CENTRAL AV  
CITY-ST-ZIP: FLAGLER BEACH FL 32136 ☐ Delete

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
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STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #