

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004806

FILED
May 03, 2007
Secretary of State

Entity Name: FLAGLER BEACH MAIN STREET, INC.

Current Principal Place of Business:

200 SOUTH A1A
SUITE #4
FLAGLER BEACH, FL 32136

New Principal Place of Business:

Current Mailing Address:

312 N 12TH STREET
FLAGLER BEACH, FL 32136

New Mailing Address:

FEI Number: 31-1784703 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: CLEMONS, RICHARD
Address: 312 NORTH 12TH ST
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D () Delete
Name: CLEMONS, REGINA
Address: 312 N. 12TH STREET
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D () Delete
Name: STOKES, LEA
Address: 406 OCAEN MARINA DR
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D () Delete
Name: PRUDENT, TERI
Address: 2234 S CENTRAL AV
City-St-Zip: FLAGLER BEACH, FL 32136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD CLEMONS

MD

05/03/2007

Electronic Signature of Signing Officer or Director

Date