

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004806

**FILED**  
**Mar 28, 2008**  
**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:**

509 SOUTH CENTRAL AVENUE  
FLAGLER BEACH, FL 32136

**Current Mailing Address:**

312 N 12TH STREET  
FLAGLER BEACH, FL 32136

**New Mailing Address:**

P O BOX 1050  
FLAGLER BEACH, FL 32136

**FEI Number:** 31-1784703

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

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

KEEGAN, THOMAS  
509 SOUTH CENTRAL AVENUE  
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: THOMAS KEEGAN

03/28/2008

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: PD (X) Change ( ) Addition  
Name: KEEGAN, THOMAS  
Address: P O BOX 509  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: TD (X) Change ( ) Addition  
Name: KEEGAN, SHARYN  
Address: P O BOX 509  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: SD (X) Change ( ) Addition  
Name: CARMEL, PHYLLIS  
Address: 509 SOUTH CENTRAL AVENUE  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: FD (X) Change ( ) Addition  
Name: CLEMONS, RICHARD  
Address: P O BOX 381  
City-St-Zip: FLAGLER BEACH, FL 32136

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: THOMAS KEEGAN

PD

03/28/2008

Electronic Signature of Signing Officer or Director

Date