2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N01000004806

Entity Name: FLAGLER BEACH MAIN STREET, INC.

Current Principal Place of Business:

509 SOUTH CENTRAL AVENUE
FLAGLER BEACH, FL 32136

New Principal Place of Business:

509 SOUTH CENTRAL AVENUE
FLAGLER BEACH, FL 32136

Current Mailing Address:

P O BOX 1050
FLAGLER BEACH, FL 32136

New Mailing Address:

PO BOX 22
FLAGLER BEACH, FL 32136

FEI Number: 31-1784703 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEEGAN, THOMAS
509 SOUTH CENTRAL AVENUE
FLAGLER BEACH, FL 32136 US

Name and Address of New Registered Agent:

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

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

Title: SD ( ) Delete
Name: CARMEL, PHYLIS
Address: 509 SOUTH CENTRAL AVENUE
City-St-Zip: FLAGLER BEACH, FL 32136

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KEEGAN, THOMAS
Address: PO BOX 1050
City-St-Zip: FLAGLER BEACH, FL 32136

Title: TD (X) Change ( ) Addition
Name: KEEGAN, SHARYN
Address: PO BOX 1050
City-St-Zip: FLAGLER BEACH, FL 32136

Title: SD (X) Change ( ) Addition
Name: CARMEL, PHYLLIS
Address: PO BOX 2328
City-St-Zip: FLAGLER BEACH, FL 32136

Title: FD (X) Change ( ) Addition
Name: CLEMONS, RICHARD
Address: PO 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: T E KEEGAN PD 04/30/2009

Electronic Signature of Signing Officer or Director — Date