2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State
07-25-2005 90095 050 ****61.25

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1. Entity Name
MELBOURNE MAIN STREET, INC.

Principal Place of Business	Mailing Address
1908 MUNICIPAL LANE MELBOURNE, FL 32901	P O BOX 754 MELBOURNE, FL 32901

J00071T6

06292005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
34-1977660
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RYALS, JACK L
843 E NEW HAVEN AVE
MELBOURNE, FL 32904-0754

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	~~JEREMDEEN, LISA L~~ Beverly Sanders
STREET ADDRESS	P O BOX 754
CITY-ST-ZIP	MELBOURNE, FL 329020754
TITLE	VD
NAME	~~BECKMER, BOB~~ Lisa Dutcher-Herendeen
STREET ADDRESS	P O BOX 754
CITY-ST-ZIP	MELBOURNE, FL 329020754
TITLE	SD
NAME	~~FLEFT, DIANA~~ Sheri Taylor
STREET ADDRESS	P O BOX 754
CITY-ST-ZIP	MELBOURNE, FL 329020754
TITLE	TD
NAME	~~PINNICK, ROBERT~~ Thomas Kasica
STREET ADDRESS	PO BOX 754
CITY-ST-ZIP	MELBOURNE, FL 329020754
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Beverly Sanders 7/1/05 321-724-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #