2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N03000009650

Entity Name: MELBOURNE MAIN STREET, INC.

Current Principal Place of Business:

1908 MUNICIPAL LANE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

P O BOX 754
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 34-1977660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RYALS, JACK L
843 E NEW HAVEN AVE
MELBOURNE, FL 329040754 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: RIDENOUR, JIM
Address: P O BOX 754
City-St-Zip: MELBOURNE, FL 329020754

Title: VD ( ) Delete
Name: SMITH, DAVE
Address: P O BOX 754
City-St-Zip: MELBOURNE, FL 329020754

Title: SD ( ) Delete
Name: ST. AMANT, ANGELA
Address: P O BOX 754
City-St-Zip: MELBOURNE, FL 329020754

Title: TD ( ) Delete
Name: KASICA, THOMAS
Address: PO BOX 754
City-St-Zip: MELBOURNE, FL 329020754

Title: SEC ( ) Delete
Name: DAVIS, JOANN
Address: P.O. BOX 754
City-St-Zip: MELBOURNE, FL 32902

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ST. AMANT, ANGELA
Address: P O BOX 754
City-St-Zip: MELBOURNE, FL 329020754

Title: VD (X) Change ( ) Addition
Name: FLOTZ, PETER
Address: P O BOX 754
City-St-Zip: MELBOURNE, FL 329020754

Title: D (X) Change ( ) Addition
Name: SMITH, DAVE
Address: P O BOX 754
City-St-Zip: MELBOURNE, FL 329020754

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

Title: SD (X) Change ( ) Addition
Name: DAVIS, JOANN
Address: P.O. BOX 754
City-St-Zip: MELBOURNE, FL 32902

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 J. KASICA TREA 04/21/2009

Electronic Signature of Signing Officer or Director — Date