


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 12, 2005 8:00 am**  
**Secretary of State**

08-12-2005 90002 034 \*\*\*\*61.25

<b>DOCUMENT # N03000009926</b> 1. Entity Name <b>MAIN STREET ZEPHYRHILLS PROMOTIONS, INC.</b>					
Principal Place of Business <b>5224 SEVENTH STREET ZEPHYRHILLS, FL 33542</b>			Mailing Address <b>5224 SEVENTH STREET ZEPHYRHILLS, FL 33542</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-1213461</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LINVILLE, TERRY 5224 SEVENTH STREET ZEPHYRHILLS, FL 33542</b>			7. Name and Address of New Registered Agent Name <u>Susan C. Harvey</u> Street Address (P.O. Box Number is Not Acceptable) <u>5224 Seventh Street</u> City <u>Zephyrhills</u> <b>FL</b> Zip Code <u>33542</u>		
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 <u>[Signature]</u> <u>Susan C. Harvey</u> <u>8/10/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINVILLE, TERRY 4622 GALL BLVD ZEPHYRHILLS, FL 33542 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Jackie O'Neill 13603 McIntosh St. Dade City, FL 33525 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWAB, SHERI 5301 BERNADETTE DRIVE ZEPHYRHILLS, FL 33540 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, BEVERLY 5325 8TH STREET ZEPHYRHILLS, FL 33542 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Anna Jean Hewlett 39352 8th Avenue Zephyrhills, FL 33542 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALKER, DEBI 38345 5TH AVENUE ZEPHYRHILLS, FL 33542 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Melissa Cummings 7240 Knoxville Dr Ridgemannor, FL 33597 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDEBERG, TODD 5325 8TH ST ZEPHYRHILLS, FL 33542 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAUNCEY, TRINA 38434 5TH AVENUE ZEPHYRHILLS, FL 33542 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Terry Mears 36402 Austin Smith Rd Zephyrhills, FL 33541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>8/10/05</u> <u>813-780-4124</u> <small>Date Daytime Phone #</small>		

**50061267**



08102005 Chg-NP CR2E037 (10/03)

ATTACHMENT

# NO3000009926  
50061267

**Board of Directors**

**D**

**Terry Linville**  
5215 Bernadette Dr  
Zephyrhills, Fl. 33541

**D**

**Mark Steve**  
3774 Glades Lane  
Zephyrhills, Fl 3542

**D**

**Ken Young**  
P. O. Box 1662  
Zephyrhills, Fl. 33540

**D**

**Alisa Harris**  
9825 Yawn Rd  
Dade City, Fl 33525

**D**

**Sue Prenderville**  
31127 Tagus Loop  
Wesley Chapel, Fl 33544

**D**

**Jane Strawbridge**  
30434 Lettingwell Cir  
Wesley Chapel, Fl. 33543

**D**

**Dave Walters**  
39539 Meadowood Loop  
zephyrhills, Fl 33542

**D**

**Tad Wheeler**  
6304 Fletcher Rd  
Plant City, Fl 33515