

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90141 001 *****8.75

04-11-2007 90141 002 *****61.25

DOCUMENT # N05000000441

1. Entity Name
MAIN STREET OF MONTICELLO, FLORIDA, INC.



Principal Place of Business
**440 WEST WASHINGTON STREET
MONTICELLO, FL 32344**

Mailing Address
**PO BOX 413
MONTICELLO, FL 32345**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042007 Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PICKELS, COUNCIL L
440 WEST WASHINGTON STREET
MONTICELLO, FL 32344**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
JACKSON, TRACEY
440 WEST WASHINGTON STREET
MONTICELLO, FL 32344** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Nichole Honeek
430 N. Sunset Dr.
Monticello, FL 32344** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
MARY FRANCES GRAMLING
685 N. Jefferson St.
Monticello, FL 32344** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
MARY FRANCES GRAMLING
685 N. Jefferson St.
Monticello, FL 32344** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**✓
Paula Sparkman
165 E Dogwood St.
Monticello, FL 32344** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Jenna Fernandez
P.O. Box 566
Monticello, FL 32344** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Mary Frances Gramling **MARY FRANCES GRAMLING**

4-9-07

850-997-5552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #