2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State
04-25-2008 90104 046 ****61.25

DOCUMENT # N05000000441

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

66012428

Principal Place of Business	Mailing Address
440 WEST WASHINGTON STREET MONTICELLO, FL 32344	~~PO BOX 413~~ MONTICELLO, FL 32345 420 W. Washington St. Monticello, FL 32344

04222008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
420 West Washington St.	420 W. Washington St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Monticello, FL	City & State: Monticello, FL
Zip: 32344 Country: USA	Zip: 32344 Country: USA

4. FEI Number ~~APPLIED FOR~~ 65-1239949 ☐ Applied For ☐ Not Applicable

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: GEORGE W. MILLER Street Address (P.O. Box Number is Not Acceptable): 240 W. Washington Street City: Monticello FL Zip Code: 32344

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: X [signature] 5/27/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 **Due by May 1, 2008**	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	D HONCEL, NICHOLE 430 N. SUNSET DR MONTICELLO, FL 32344	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Sarah Ann Hofmeister 1235 Lake Drive Monticello, FL 32344 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M GRAMBLING, MARY FRANCES 685 N. JEFFERSON ST MONTICELLO, FL 32344	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SPARKMAN, PAULA 165 E DOGWOOD ST MONTICELLO, FL 32344	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FERNANDEZ, JENNA PO BOX 566 MONTICELLO, FL 32344	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Nichole Honcel 430 N. Sunset Drive Monticello, FL 32344 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Jessica Corley 98 Fox Hollow Street Monticello, FL 32344 ☐ 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: [signature] Jessica Corley 4/24/08 850/997-2591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #