

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000441

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

420 WEST WASHINGTON DR
MONTICELLO, FL 32344

New Principal Place of Business:

180 S CHERRY
100
MONTICELLO, FL 32344

Current Mailing Address:

420 WEST WASHINGTON DR
MONTICELLO, FL 32344

New Mailing Address:

PO BOX 923
MONTICELLO, FL 32345

FEI Number: 65-1239949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, GEORGE W
240 W WASHINGTON STREET
MONTICELLO, FL 31344 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: P () Delete
Name: HOFMEISTER, SARAH A
Address: 1235 LAKE DRIVE
City-St-Zip: MONTICELLO, FL 32344

Title: M () Delete
Name: GRAMBLING, MARY FRANCES
Address: 685 N. JEFFERSON ST
City-St-Zip: MONTICELLO, FL 32344

Title: V () Delete
Name: SPARKMAN, PAULA
Address: 165 E DOGWOOD ST
City-St-Zip: MONTICELLO, FL 32344

Title: S () Delete
Name: HONEEL, NICHOLE
Address: 430 N SUNSET DRIVE
City-St-Zip: MONTICELLO, FL 32344

Title: T () Delete
Name: CORLEY, JESSICA
Address: 98 FOX HOLLOW STREET
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: BAUGHMAN, NAN
Address: 330 KAPTAIN DR
City-St-Zip: MONTICELLO, FL 32344

Title: M (X) Change () Addition
Name: REASONER, LISA J
Address: 224 PINE NEEDLE TRACE
City-St-Zip: MONTICELLO, FL 32344

Title: D (X) Change () Addition
Name: SPARKMAN, PAULA
Address: 165 E DOGWOOD ST
City-St-Zip: MONTICELLO, FL 32344

Title: S (X) Change () Addition
Name: PERSONS, JUDITH
Address: 1250 OAKLANDS PLANTATION
City-St-Zip: MONTICELLO, FL 32344

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

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: LISA J REASONER

M

04/30/2009

Electronic Signature of Signing Officer or Director

Date