


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000012771		
1. Entity Name MAIN STREET MOORE HAVEN, INC.		


Principal Place of Business 900 US HIGHWAY 27 MOORE HAVEN, FL 33471	Mailing Address 900 US HIGHWAY 27 P.O. Box 1003 MOORE HAVEN, FL 33471
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

2007 MAY -1 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262007 REIN-NP CR2E099 (1/07)

4. FEI Number 20-4338417	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
WHIRLS, TRACY 900 US HIGHWAY 27 MOORE HAVEN, FL 33471	

7. Name and Address of New Registered Agent	
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 reinstating) DATE _____

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAVID Dannenhauer, chairman <input type="checkbox"/> Delete Mickey's Bait + Tackle, P.O. Box 1035 MOORE HAVEN, FL 33471	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 60010328841E 05/25/07--01024--018 **131.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAVE McGee, vice chair <input type="checkbox"/> Delete 300 N Railroad Ave. MOORE HAVEN, FL 33471	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary <input type="checkbox"/> Delete KEVIN Thomas, CHL 3373 Bellwood Terrace LaBelle, FL 33935	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer <input type="checkbox"/> Delete Rhoda planty, Japer Development 2365 Hwy 27 N MOORE HAVEN, FL 33471	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Program Manager <input type="checkbox"/> Delete Tracy Whirls P.O. Box 1003 MOORE HAVEN, FL 33471	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Tracy Whirls Tracy Whirls 4/26/07 (863) 946-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/12