


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90408 017 ****70.00

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

Principal Place of Business 900 US HIGHWAY 27 MOORE HAVEN, FL 33471	Mailing Address P.O. BOX 1003 MOORE HAVEN, FL 33471
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40087604



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

03072008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-4338417	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$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 _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	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	C DANNEHAUER, DAVID P.O. BOX 1035 MOORE HAVEN, FL 33471 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ellen Geake, Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Riverside Glades Medical Center P.O. Box 1332 Moore Haven, FL 33471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MCGEE, DAVE 300 N. RAILROAD AVE MOORE HAVEN, FL 33471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mike Pressley <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Po Box 178 Moore Haven, FL 33471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, KEVIN CHL 3373 DELLROOD TERRACE LABELLE, FL 33935 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Paul Beck <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 360 Alligator Rd NW Moore Haven, FL 33471-8507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PLANTY, RHONDA 2365 HWY 27 N. MOORE HAVEN, FL 33471 <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	PM WHIRLS, TRACY P.O. BOX 1003 MOORE HAVEN, FL 33471 <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	<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 **4-17-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #