

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012771

FILED
Apr 15, 2009
Secretary of State

Entity Name: MAIN STREET MOORE HAVEN, INC.

Current Principal Place of Business:

900 US HIGHWAY 27
MOORE HAVEN, FL 33471

New Principal Place of Business:

998 TENTH STREET
MOORE HAVEN, FL 33471 US

Current Mailing Address:

P.O. BOX 1003
MOORE HAVEN, FL 33471

New Mailing Address:

P.O. BOX 1003
MOORE HAVEN, FL 33471 US

FEI Number: 20-4338417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHIRLS, TRACY
900 US HIGHWAY 27
MOORE HAVEN, FL 33471 US

Name and Address of New Registered Agent:

WHIRLS, TRACY
998 TENTH STREET
MOORE HAVEN, FL 33471 US

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:

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: GRAKE, ELLEN
Address: RIVERSIDE GLADES MEDICAL CENTER
City-St-Zip: MOORE HAVEN, FL 33471

Title: VC () Delete
Name: MCGEE, DAVE
Address: 300 N. RAILROAD AVE
City-St-Zip: MOORE HAVEN, FL 33471

Title: S () Delete
Name: BECK, PAUL
Address: 360 ALLIGATOR RD NW
City-St-Zip: MOORE HAVEN, FL 334718507

Title: T () Delete
Name: PLANTY, RHONDA
Address: 2365 HWY 27 N.
City-St-Zip: MOORE HAVEN, FL 33471

Title: PM () Delete
Name: WHIRLS, TRACY
Address: P.O. BOX 1003
City-St-Zip: MOORE HAVEN, FL 33471

Title: D (X) Delete
Name: PRESSLEY, MIKE
Address: PO BOX 178
City-St-Zip: MOORE HAVEN, FL 33471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: GRAKE, ELLEN
Address: RIVERSIDE GLADES MEDICAL CENTER
City-St-Zip: MOORE HAVEN, FL 33471 US

Title: VC (X) Change () Addition
Name: MCGEE, DAVE
Address: 300 N. RAILROAD AVE
City-St-Zip: MOORE HAVEN, FL 33471 US

Title: S (X) Change () Addition
Name: BECK, PAUL
Address: 360 ALLIGATOR RD NW
City-St-Zip: MOORE HAVEN, FL 334718507 US

Title: D (X) Change () Addition
Name: PRESSLEY, MIKE
Address: 850 WEST AVENUE
City-St-Zip: MOORE HAVEN, FL 33471 US

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

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: TRACY WHIRLS

PM

04/15/2009

Electronic Signature of Signing Officer or Director

Date