

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012771

FILED
Feb 16, 2010
Secretary of State

Entity Name: MAIN STREET MOORE HAVEN, INC.

Current Principal Place of Business:

998 TENTH STREET
MOORE HAVEN, FL 33471 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
998 TENTH STREET
MOORE HAVEN, FL 33471 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: C
Name: GEAKE, ELLEN
Address: RIVERSIDE GLADES MEDICAL CENTER
City-St-Zip: MOORE HAVEN, FL 33471 US

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

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

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

Title: PM
Name: WHIRLS, TRACY
Address: 998 TENTH STREET
City-St-Zip: MOORE HAVEN, FL 33471

Title: D
Name: JOSEPH, CHARLES
Address: 9150 SW PENNSYLVANIA AVE.
City-St-Zip: STUART, FL 34997

I hereby 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 all other like empowered.

SIGNATURE: TRACY WHIRLS

PM

02/16/2010

Electronic Signature of Signing Officer or Director

Date