

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06385

FILED
Mar 05, 2009
Secretary of State

Entity Name: MAIN STREET BARTOW, INCORPORATED

Current Principal Place of Business:

160 E SUMMERLIN ST
SUITE 208
BARTOW, FL 33830 US

Current Mailing Address:

P O BOX 1351
BARTOW, FL 33831 US

New Principal Place of Business:

415 E. MAIN ST.
SUITE A
BARTOW, FL 33830 US

New Mailing Address:

FEI Number: 59-2618876 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORMINY, MIKEL
160 E SUMMERLIN ST
SUITE 208
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

DORMINY, MIKEL
415 E. MAIN ST
SUITE A
BARTOW, FL 33830 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: _____

03/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BREWER, DAVID
Address: 113 E. MAIN ST
City-St-Zip: BARTOW, FL 33830

Title: SD () Delete
Name: BREWER, SUSIE
Address: 113 E. MAIN ST
City-St-Zip: BARTOW, FL 33830

Title: TD () Delete
Name: HANSON, SUE
Address: 135 S CENTRAL AVE
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: STILLEY, KATHRYN
Address: 600 N BROADWAY AVE
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: BODIFORD, AVRIL
Address: 6283 TISH RD
City-St-Zip: BARTOW, FL 33830

Title: PD () Delete
Name: DANIELS, JENNIFER
Address: 1470 US HWY. 17 S.
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: WALLACE, BOBBY
Address: 135 E MAIN ST
City-St-Zip: BARTOW, FL 33830

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: JENNIFER DANIELS

PRES

03/05/2009

Electronic Signature of Signing Officer or Director

Date