

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001464

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: FRIENDS OF FLORIDA MAIN STREET, INC.

## Current Principal Place of Business:

500 S BRONOUGH ST  
TALLAHASSEE, FL 323990250

## New Principal Place of Business:

500 S BRONOUGH ST  
ROOM 420  
TALLAHASSEE, FL 323990250

## Current Mailing Address:

500 S BRONOUGH ST  
TALLAHASSEE, FL 323990250

## New Mailing Address:

500 S BRONOUGH ST  
ROOM 420  
TALLAHASSEE, FL 323990250

FEI Number: 80-0295492

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JEFFERSON, JOAN  
500 S BRONOUGH ST  
TALLAHASSEE, FL 323990250 US

## Name and Address of New Registered Agent:

JEFFERSON, JOAN  
500 S BRONOUGH ST  
ROOM 420  
TALLAHASSEE, FL 323990250 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: JOAN JEFFERSON

01/08/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. ( ) Change (X) Addition  
Name: HEWETT, DWIGHT  
Address: 3155 NW 82ND AVENUE, STE 101  
City-St-Zip: DORAL, FL 33122

Title: MS. ( ) Change (X) Addition  
Name: HAMILTON, GAIL  
Address: 320 E. MONUMENT AVENUE  
City-St-Zip: KISSIMMEE, FL 34741

Title: MS. ( ) Change (X) Addition  
Name: MACMILLAN, ANN  
Address: 201 SE HARBOR POINT DRIVE  
City-St-Zip: STUART, FL 34996

Title: MS. ( ) Change (X) Addition  
Name: SMITH, NANCY  
Address: 3009 SWEETGUM  
City-St-Zip: OCEAN SPRINGS, MS 39564

Title: MR. ( ) Change (X) Addition  
Name: WRIGHT, GARY  
Address: 260 NORTH CHERRY STREET  
City-St-Zip: MONTICELLO, FL 32344

Title: MR. ( ) Change (X) Addition  
Name: FUTCH, STEVE  
Address: 403 SOUTH CHERRY STREET  
City-St-Zip: STARKE, FL 32091

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: GAIL HAMILTON

OFFI

01/08/2009

Electronic Signature of Signing Officer or Director

Date