## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000001464

FILED Feb 17, 2011 Secretary of State

Entity Name: FRIENDS OF FLORIDA MAIN STREET, INC.

Current Principal Place of Business: New Principal Place of Business:

500 S BRONOUGH ST 500 S BRONOUGH ST

ROOM 420 ROOM 422

TALLAHASSEE, FL 323990250 TALLAHASSEE, FL 323990250

Current Mailing Address: 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 ( )

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: MR.

Name: GARY, JONES

Address: 2720 2ND AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 331713

Title: MS.

Name: HAMILTON, GAIL P Address: 804 BRYAN STREET City-St-Zip: KISSIMMEE, FL 34741

Title: MS.

Name: MACMILLAN, ANN V

Address: 201 SE HARBOR POINT DRIVE

City-St-Zip: STUART, FL 34996

Title: MS.

Name: SMITH, NANCY S Address: 3009 SWEETGUM

City-St-Zip: OCEAN SPRINGS, MS 39564

Title: MS

 Name:
 GINGER, BALDWIN

 Address:
 648 SW BRYANT AVENUE

 City-St-Zip:
 STUART, FL 34994

Title: MR

Name: FUTCH, STEVE

Address: 403 SOUTH CHERRY STREET

City-St-Zip: STARKE, FL 32091

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: GAIL HAMILTON PRES 02/17/2011