

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14029

FILED
Jan 28, 2009
Secretary of State

Entity Name: GREATER NEW PORT RICHEY MAIN STREET, INC.

Current Principal Place of Business:

6231 GRAND BLVD
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

6231 GRAND BLVD
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 59-2684075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POTTER, MATTHEW A
5940 MAIN ST
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

DORSEY, DAVID A C.P.A.
6105 MAIN STREET
NEW PORT RICHEY, FL 34653 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: DAVID A. DORSEY

01/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BOULA, TONY
Address: 6234 GRAND BOULEVARD
City-St-Zip: NEW PT RICHEY, FL 34652

Title: VP () Delete
Name: POTTER, MATTHEW
Address: 5940 MAIN STREET
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TREA () Delete
Name: DORSEY, DAVID
Address: 6105 MAIN STREET
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: DELUCA, JOE
Address: 6231 GRAND BLVD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: AMMONS, PATRICIA
Address: 3126 LITTLE ROAD
City-St-Zip: TRINITY, FL 34655

Title: SECY () Delete
Name: MCCASLIN, LYNDAY H
Address: 5636 GRAND BOULEVARD
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: SCHURDELL, STEVE
Address: 6231 GRAND BLVD
City-St-Zip: NEW PORT RICHEY, FL 34652

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: () 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: DAVID A. DORSEY

TREA

01/28/2009

Electronic Signature of Signing Officer or Director

Date