2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State
04-02-2007 90085 039 ****61.25

DOCUMENT # N14337

1. Entity Name
DOWNTOWN DADE CITY MAIN STREET, INC.

Principal Place of Business	Mailing Address
14138 6TH STREET DADE CITY, FL 33525 US	P.O. BOX 908 DADE CITY, FL 33526-0908 US

03302007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2807560 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, LEONARD 37837 MERIDIAN AVENUE, SUITE 314 DADE CITY, FL 33525	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILLIAMS, PHIL 14139-7TH STREET DADE CITY, FL 33525	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Sean Ashburn 12730 Prosser Road Dade City, FL 33525 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ANDREWS, GAIL 9420 UNITED STATES HIGHWAY 301 DADE CITY, FL 33525	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice president Crystal Davenport, St. Pete Times 37951 Meridian Ave. Dade City, FL 33525 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP ALFONSO, DENNIS 37906 CHURCH STREET DADE CITY, FL 33525	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Julie Cotton; Lynch, Gregg & Lynch 14144 Sixth St. Dade City, FL 33525 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TANNER, JEFFREY 5435 GALL BOULEVARD ZEPHYRHILLS, FL 33541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Jeffrey Tanner 6930 Gall Blvd. Zephyrhills, FL 33542 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOHNSON, NANCY 14552 MT ZION ROAD DADE CITY, FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Past President Nancy Johnson 14552 Mt. Zion Road Dade City, FL 33523 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELLIS, AMY 14138 SIXTH STREET DADE CITY, FL 33526	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ March 30, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #