

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14337

FILED
Jun 10, 2009
Secretary of State

Entity Name: DOWNTOWN DADE CITY MAIN STREET, INC.

Current Principal Place of Business:

14138 6TH STREET
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 908
DADE CITY, FL 335260908 US

New Mailing Address:

FEI Number: 59-2807560 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JOHNSON, LEONARD
37837 MERIDIAN AVENUE, SUITE 314
DADE CITY, FL 33525 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: P () Delete
Name: ASHBURN, SEAN
Address: 12730 PROSSER ROAD
City-St-Zip: DADE CITY, FL 33525

Title: D () Delete
Name: DAVENPORT, CRYSTAL
Address: 14138 SIXTH ST
City-St-Zip: DADE CITY, FL 33525

Title: T () Delete
Name: COTTON, JULIE
Address: 14144 SIXTH ST
City-St-Zip: DADE CITY, FL 33525

Title: S () Delete
Name: LIHLEFIELD, CAROLE
Address: 36327 HWY 54
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: PP () Delete
Name: JOHNSON, NANCY
Address: 14552 MT ZION ROAD
City-St-Zip: DADE CITY, FL 33523

Title: VP () Delete
Name: WILLIAMS, PHIL
Address: 14139 7TH ST
City-St-Zip: DADE CITY, FL 33525

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: () 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: CRYSTAL DAVENPORT

D

06/10/2009

Electronic Signature of Signing Officer or Director

Date