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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N23795**

1. Corporation Name

MAIN STREET FORT PIERCE, INC.

Principal Place of Business	Mailing Address
131 NORTH 2ND ST.. SUITE 211 FT PIERCE FL 34950	131 NORTH 2ND ST.. SUITE 211 FT PIERCE FL 34950

2. Principal Place of Business
106 South Depot Dr
Suite, Apt. #, etc.
City & State: Ft. Pierce, FL
Zip: 34950 [25] Country: US

2a. Mailing Address
[26] 106 South Depot Dr
Suite, Apt. #, etc. [27]
City & State: [28] Ft. Pierce, FL
Zip: [29] 34950 [30] Country: US

3. Date Incorporated or Qualifed: 12/09/1987

4. FEI Number: 59-2879654 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

TILLMAN, DORIS
131 N 2ND ST
SUITE 211
FORT PIERCE FL 34950

10. Name and Address of New Registered Agent

[81] Name
[82] Street Address (P.O. Box Number is Not Acceptable)
[83]
[84] City **FL** [85] Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T ☐ DELETE	1.1 TITLE	Treasurer ☒ Change ☐ Addition
NAME	RICHARDS, TOM	1.2 NAME	Gail Kavanagh/Treasure Coast Builders Assoc
STREET ADDRESS	P O BOX 3191 N/A	1.3 STREET ADDRESS	6560 S. Federal Hwy
CITY-ST-ZIP	FT. PIERCE FL 34948	1.4 CITY-ST-ZIP	Pt. St. Lucie, FL 34952
TITLE	S ☐ DELETE	2.1 TITLE	Secretary ☒ Change ☐ Addition
NAME	LIEBMAN, SYDNEY	2.2 NAME	Pam Cully/Hoyt C. Murphy Real Estate
STREET ADDRESS	100 AVE A B-1	2.3 STREET ADDRESS	P.O. Box 2405
CITY-ST-ZIP	FORT PIERCE FL 34950	2.4 CITY-ST-ZIP	Ft. Pierce, FL 34954
TITLE	PD ☐ DELETE	3.1 TITLE	Pres. ☒ Change ☐ Addition
NAME	ALLEY, PAT	3.2 NAME	Pat Alley/Riverside Bank
STREET ADDRESS	2211 OKEECHOBEE RD	3.3 STREET ADDRESS	2211 Okeechobee Rd
CITY-ST-ZIP	FT PIERCE FL 34950	3.4 CITY-ST-ZIP	Ft. Pierce, FL 34950
TITLE	VD ☐ DELETE	4.1 TITLE	Vice Pres. ☒ Change ☐ Addition
	FITZGERALD, JIM	4.2 NAME	Nancy Ingle/City of Ft. Pierce
STREET ADDRESS	2211 OKEECHOBEE RD	4.3 STREET ADDRESS	P.O. Box 1480
CITY-ST-ZIP	FT PIERCE FL 34950	4.4 CITY-ST-ZIP	Ft. Pierce, FL 34954
TITLE	PD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
	ALLEY, PAT	5.2 NAME	
STREET ADDRESS	8211 OKEECHOBEE RD.	5.3 STREET ADDRESS	
CITY ST ZIP	FT. PIERCE FL 34950	5.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
	FITZGERALD, JIM	6.2 NAME	
STREET ADDRESS	2211 OKEECHOBEE RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34950	6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia A. Delaney REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99
Date

561 460-7455
Daytime Phone #