2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23795

FILED Jul 22, 2004 Secretary of State

Entity Name: MAIN STREET FORT PIERCE, INC.

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

210 S DEPOT DRIVE FT PIERCE, FL 34950

Current Mailing Address: New Mailing Address:

210 S DEPOT DRIVE FT PIERCE, FL 34950

FEI Number: 59-2879654 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:

TILLMAN, DORIS 210 S DEPOT DRIVE FORT PIERCE, FL 34950 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:

Name:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

MILLER, DAVID

(X) Change () Addition

 Title:
 DT () Delete

 Name:
 RAVANAUGH, GAIL

 Address:
 6560 S FEDERAL HWY

 Address:
 6560 S FEDERAL HWY
 Address:
 2400 S. OCEAN DRIVE #3926

 City-St-Zip:
 PORT SAINT LUCIE, FL 34952
 City-St-Zip:
 FORT PIERCE, FL 34949

Title: DP () Delete Title: () Change () Addition

 Name:
 CULLY, PAM
 Name:

 Address:
 P O BOX 2405
 Address:

 City-St-Zip:
 FORT PIERCE, FL 34954
 City-St-Zip:

Title: DVP () Delete Title: DVP (X) Change () Addition Name: SATTERLEC, ANNE SATTERLEE, ANNE

 Name:
 SATTERLEC, ANNE
 Name:
 SATTERLEE, ANNE

 Address:
 P O BOX 1480
 Address:
 P O BOX 1480

 City-St-Zip:
 FT PIERCE, FL 34954
 City-St-Zip:
 FT PIERCE, FL 34954

Title: DS () Delete Title: DS (X) Change () Addition

Name:LEONARD, CAROLYNName:GILLETTE, PAMELAAddress:1825 PARK LANEAddress:5105 FEATHER CREEK DRIVECity-St-Zip:FORT PIERCE, FL 34945City-St-Zip:FORT PIERCE, FL 34951

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DORIS D. TILLMAN DIR 07/22/2004