

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31392

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: NEW SMYRNA BEACH MAINSTREET, INC.

## Current Principal Place of Business:

210 DOWNING STREET  
NEW SMYRNA BCH, FL 32168

## New Principal Place of Business:

210 DOWNING STREET  
NEW SMYRNA BCH, FL 32168 US

## Current Mailing Address:

P.O. BOX 641  
NEW SMYRNA BEACH, FL 321700641

## New Mailing Address:

P.O. BOX 641  
NEW SMYRNA BEACH, FL 321700641 US

FEI Number: 59-2954243

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KILDAY, EILEEN  
210 DOWNING STREET  
NEW SMYRNA BEACH, FL 32168 US

## Name and Address of New Registered Agent:

KILDAY, EILEEN TREASUR  
210 DOWNING STREET  
NEW SMYRNA BEACH, FL 32168 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: EILEEN KILDAY, TREASURER

03/09/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: TREA ( ) Delete  
Name: KILDAY, EILEEN  
Address: 210 DOWNING STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: ATRE ( ) Delete  
Name: WILLIAMS, SUSAN  
Address: 206 LIVE OAK STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MEM ( ) Delete  
Name: DONN, SANDY  
Address: FAIRLAWN AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: LIAI ( ) Delete  
Name: HEISE, FRED  
Address: 1001 WEST CANAL STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: FINA ( ) Delete  
Name: JONES, STEVEN  
Address: 334 CANAL STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: LIAS ( ) Delete  
Name: GEHMAN, DOUG  
Address: 233 NORTH CAUSEWAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA (X) Change ( ) Addition  
Name: KILDAY, EILEEN TREASUR  
Address: 210 DOWNING STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: ATRE (X) Change ( ) Addition  
Name: WILLIAMS, SUSAN ASST TR  
Address: 206 LIVE OAK STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: MEM (X) Change ( ) Addition  
Name: KERSHAW, KAREN MEMBER  
Address: PO BOX 641  
City-St-Zip: EDGEWATER, FL 32170 US

Title: LIAI (X) Change ( ) Addition  
Name: HEISE, FRED LIAISIO  
Address: 1001 WEST CANAL STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: FINA (X) Change ( ) Addition  
Name: WEMPLE, DEBORAH FINANCE  
Address: 120 FAULKNER STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: LIAS (X) Change ( ) Addition  
Name: GEHMAN, DOUG LIASION  
Address: 233 NORTH CAUSEWAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

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: EILEEN KILDAY, TREASURER

TREA

03/09/2009

Electronic Signature of Signing Officer or Director

Date