

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36241

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** AUBURNDALE MAINSTREET REDEVELOPMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

111 EAST PARK STREET  
AUBRUNDALE, FL 33823 US

**New Principal Place of Business:**

108 MAIN STREET  
AUBRUNDALE, FL 33823 US

**Current Mailing Address:**

111 EAST PARK STREET  
AUBURNDAL, FL 33823 US

**New Mailing Address:**

108 MAIN STREET  
AUBURNDAL, FL 33823 US

**FEI Number:** 59-3022137

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRUITT, JOY  
111 EAST PARK ST.  
AUBRUNDALE, FL 33823 US

**Name and Address of New Registered Agent:**

CARIN, JONES  
108 MAIN STREET  
AUBRUNDALE, FL 33823 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: CARIN JONES

04/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: THOMAS, JOEL  
Address: 111 EAST PARK STREET  
City-St-Zip: AUBRUNDALE, FL 33823 US

Title: PE ( ) Delete  
Name: GOVONI, BRIAN  
Address: 111 EAST PARK STREET  
City-St-Zip: AUBRUNDALE, FL 33823 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: JONES, CARIN  
Address: 108 MAIN STREET  
City-St-Zip: AUBRUNDALE, FL 33823 US

Title: TREA (X) Change ( ) Addition  
Name: WARD-MOORE, JENNIE  
Address: 108 MAIN STREET  
City-St-Zip: AUBRUNDALE, FL 33823 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: CARIN JONES

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date