

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N44434** (1)

1. Corporation Name

MAIN STREET OF WINTER GARDEN, INC.



Principal Place of Business

Mailing Address

**100 W. PLANT ST.
WINTER GARDEN FL 34787
US**

**P. O. BOX 770475
WINTER GARDEN FL 34777-0475
US**

3. Date Incorporated or Qualified
07/25/1991

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-3077610

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WRIGHT, LYNN WALKER
886 SOUTH DILLARD STREET
WINTER GARDEN FL 34787**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **VALDES, ALBERT**
STREET ADDRESS **255 TEMPLE GROVE DRL**
CITY-ST-ZIP **WINTER GARDEN FL**

TITLE **VD** ☒ DELETE
NAME **CROSS, PHILLIP**
STREET ADDRESS **440 N. LAKEVIEW DRIVE**
CITY-ST-ZIP **WINTER GARDEN FL**

TITLE **TD** ☐ DELETE
NAME **CAMPBELL, JULI**
STREET ADDRESS **800 S. DILLARD ST.**
CITY-ST-ZIP **WINTER GARDEN FL**

TITLE **SD** ☒ DELETE
NAME **CASE, FREDERICK**
STREET ADDRESS **315 VALENCIA SHORES DRIVE**
CITY-ST-ZIP **OCOOEE FL**

TITLE **D** ☐ DELETE
NAME **ELLIS, ANN**
STREET ADDRESS **36 W. PLANT ST.**
CITY-ST-ZIP **WINTER GARDEN FL**

TITLE **D** ☐ DELETE
NAME **SMITH, SHIRLEY**
STREET ADDRESS **750 HIGHWAY 50**
CITY-ST-ZIP **WINTER GARDEN FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Girvin, Steve**
1.3 STREET ADDRESS **800 S. Dillard Street**
1.4 CITY-ST-ZIP **Winter Garden, FL 34787**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Cappleman, Carolyn**
2.3 STREET ADDRESS **445 W. Anelia Street**
2.4 CITY-ST-ZIP **Orlando, FL 32802**

3.1 TITLE **SD** ☐ Change ☒ Addition
3.2 NAME **Crabtree, Andrew**
3.3 STREET ADDRESS **258 N. Highland Drive, Winter Garden**
3.4 CITY-ST-ZIP

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Landers, Maureen**
4.3 STREET ADDRESS **1 N. Main Street, Winter Garden**
4.4 CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Cone, Ken**
5.3 STREET ADDRESS **1100 Orange Avenue, Winter Park 32789**
5.4 CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Holden, Hollis**
6.3 STREET ADDRESS **P.O. Box 771005, Winter Garden N/A**
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)