

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90152 014 ****61.25

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DOCUMENT # N44434

1. Corporation Name

MAIN STREET OF WINTER GARDEN, INC.

Principal Place of Business

Mailing Address

1 N MAIN ST
WINTER GARDEN FL 34787
US

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/25/1991

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

59-3077610

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing ☐
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ALDRICH, TINA
141 W PLANT ST
WINTER GARDEN FL 34787

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BAKER, MIRIAM
535 TEAGARDEN CT
WINTER GARDEN FL

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D
Bohn, Thomas
12184 W. Colonial Dr.
Winter Garden, FL 34787

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BROWN, CLAIRE
126 W PLANT ST
WINTER GARDEN FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

D
Boyd, Gretchen
P.O. Box 706
Oakland, FL 34760-0706

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
PAWLACK, CAVELLE
940 TILDENVILLE SHCOOL RD
WINTER GARDEN FL

☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature of Tina L. Aldrich 3/10/99 607-6363

CR2E037 (11/98)