

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90153 046 ****61.25

DOCUMENT # N93000001833 1. Entity Name ARCADIA MAIN STREET PROGRAM, INC.																																																																																																																											
Principal Place of Business 202 WEST OAK STE 301 ARCADIA, FL 34266 US		Mailing Address PO BOX 584 ARCADIA, FL 34265 US																																																																																																																									
2. Principal Place of Business - No P.O. Box # <i>202 West Oak St.</i>		3. Mailing Address <i>202 West Oak St.</i>																																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																									
City & State <i>Arcadia, Florida</i>		City & State <i>Arcadia, FL</i>																																																																																																																									
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Country <i>US</i>		Country <i>US</i>																																																																																																																									
4. FEI Number 65-0383160		Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent AMES, PAM 108 WEST OAK ST. ARCADIA, FL 34266		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>																																																																																																																									
8. 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <i>Pam Ames</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 40%; text-align: right;"> <i>4/30/08</i> <small>DATE</small> </div> </div>																																																																																																																											
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>																																																																																																																									
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State																																																																																																																									
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">Delete <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>AMES, PAM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>108 WEST OAK ST.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ARCADIA, FL 34266</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>CRAVEN, MARTHA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13 S. MONROE AVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ARCADIA, FL 34266</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>VELASCO, LUIS A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>126 S. HERNANDO AVE.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ARCADIA, FL 34266</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>HIGLEY, KAY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>427 WEST HICKORY STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ARCADIA, FL 34266</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><i>President Kim Spencer</i></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><i>2061 Willow Hammock Circle Unit 202</i></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><i>Punta Gorda, Florida</i></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>				TITLE	NAME	Delete <input checked="" type="checkbox"/>	NAME	AMES, PAM		STREET ADDRESS	108 WEST OAK ST.		CITY - ST - ZIP	ARCADIA, FL 34266		TITLE	VP	Delete <input type="checkbox"/>	NAME	CRAVEN, MARTHA		STREET ADDRESS	13 S. MONROE AVE		CITY - ST - ZIP	ARCADIA, FL 34266		TITLE	T	Delete <input type="checkbox"/>	NAME	VELASCO, LUIS A		STREET ADDRESS	126 S. HERNANDO AVE.		CITY - ST - ZIP	ARCADIA, FL 34266		TITLE	S	Delete <input type="checkbox"/>	NAME	HIGLEY, KAY		STREET ADDRESS	427 WEST HICKORY STREET		CITY - ST - ZIP	ARCADIA, FL 34266		TITLE		Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME	<i>President Kim Spencer</i>		STREET ADDRESS	<i>2061 Willow Hammock Circle Unit 202</i>		CITY - ST - ZIP	<i>Punta Gorda, Florida</i>		TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																											
SIGNATURE: <i>Kay Higley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"> <div> <i>4/30/2008</i> <small>Date</small> </div> <div> <i>863-494-2020</i> <small>Daytime Phone #</small> </div> </div>																																																																																																																									