

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003129

FILED
May 11, 2009
Secretary of State

Entity Name: EUSTIS MAIN STREET, INC.

Current Principal Place of Business:

200 N. BAY STREET
EUSTIS, FL 32726 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 164
EUSTIS, FL 327270164 US

New Mailing Address:

FEI Number: 59-3192988 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CARTER, WAYNE EXEC D
200 N. BAY STREET
EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROTELLA, COLLEEN
Address: 217 E. BADGER AVE
City-St-Zip: EUSTIS, FL 32726 US

Title: DVP () Delete
Name: MUNSON, CHUCK
Address: 1 W. LAUREL OAK DR
City-St-Zip: EUSTIS, FL 32726 US

Title: DT () Delete
Name: MARSH, Nanci
Address: 2706 GRAND ISLAND SHORES RD
City-St-Zip: EUSTIS, FL 32726 US

Title: D (X) Delete
Name: RUSSELL, TYVA
Address: 2710 GRAND ISLAND SHORES ROAD
City-St-Zip: EUSTIS, FL 32726

Title: D (X) Delete
Name: DAVIS, ALICE
Address: 2202 E. WASHINGTON AVE
City-St-Zip: EUSTIS, FL 32726

Title: D (X) Delete
Name: GETCHELL, SHARYN
Address: 320 S. MARY ST
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SATUR, CINDY L
Address: P. O. BOX 164
City-St-Zip: EUSTIS, FL 32727 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WAYNE CARTER

E D

05/11/2009

Electronic Signature of Signing Officer or Director

_____ Date