

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000003769 (7)

1. Corporation Name

MAIN STREET ZEPHYRHILLS, INC.



Principal Place of Business

38537 FIFTH AVENUE
ZEPHYRHILLS FL 33540

Mailing Address

38537 FIFTH AVENUE
ZEPHYRHILLS FL 33540

3. Date Incorporated or Qualified
08/16/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 5024 7th Street

2a. Mailing Address

26 P.O. Box 60227

4. FEI Number
59-3192201

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

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

City & State

23 Zephyrhills, FL

City & State

28 Zephyrhills, FL

Zip

24 33540

Country

25 PASCO

Zip

29 33546-0227

Country

30 PASCO

9. Name and Address of Current Registered Agent

HERMAN, STEVEN
38537 FIFTH AVENUE
ZEPHYRHILLS FL 33525

10. Name and Address of New Registered Agent

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
NAME HERMAN, EILEEN
STREET ADDRESS 38537 FIFTH AVE
CITY-ST-ZIP ZEPHYRHILLS FL 33540 ☒ DELETE

TITLE DV
NAME CRAIG-EASTON, CYNTHIA M
STREET ADDRESS 5530 GALL BLVD.
CITY-ST-ZIP ZEPHYRHILLS FL ☒ DELETE

TITLE DS
NAME SPINA, STEVEN F
STREET ADDRESS 38939 CAMBRIDGE DR.
CITY-ST-ZIP ZEPHYRHILLS FL ☒ DELETE

TITLE DT
NAME BARNES, CHRISTINA
STREET ADDRESS 5629 PROSPER CT.
CITY-ST-ZIP ZEPHYRHILLS FL 33540 ☐ DELETE

TITLE D
NAME BOAN, DAN
STREET ADDRESS 4546 BLOSSOM DR
CITY-ST-ZIP ZEPHYRHILLS FL 33541 ☐ DELETE

TITLE D
NAME SMITH, LANCE
STREET ADDRESS 7025 FORT KING RD
CITY-ST-ZIP ZEPHYRHILLS FL 33541 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Jim Cracchiolo
1.3 STREET ADDRESS 4912 Gall Links Blvd.
1.4 CITY-ST-ZIP Zephyrhills, FL 33541

2.1 TITLE DV ☒ Change ☐ Addition
2.2 NAME Mike Waters
2.3 STREET ADDRESS 5435 Gall Blvd.
2.4 CITY-ST-ZIP Zephyrhills, FL 33541

3.1 TITLE DS ☒ Change ☐ Addition
3.2 NAME Laura Clark
3.3 STREET ADDRESS 38424 5th Avenue
3.4 CITY-ST-ZIP Zephyrhills, FL 33540

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

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

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME George Newkom
6.3 STREET ADDRESS 38434 5th Avenue
6.4 CITY-ST-ZIP Zephyrhills, FL 33540

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

4/29/96 813-788-9994
Date Daytime Phone #

CR2E037 (12/95)