

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90214 008 \*\*\*\*61.25

**DOCUMENT # N93000003769**



1. Entity Name  
**MAIN STREET ZEPHYRHILLS, INC.**

Principal Place of Business  
**5224 7TH STREET  
ZEPHYRHILLS, FL 33542 US**

Mailing Address  
**5224 7TH STREET  
ZEPHYRHILLS, FL 33542 US**

40083713



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03052007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-3192201**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARVEY, SUSAN  
5224 7TH STREET  
ZEPHYRHILLS, FL 33542**

Name **WELCHER, BRENDA**

Street Address (P.O. Box Number is Not Acceptable)

**5224 7th ST**

City **ZEPHYRHILLS**

**FL**

Zip Code **33542**

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.

SIGNATURE **X BRENDA S WELCHER**

*X Brenda S Welcher*

**4/24/07**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

Make check payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete  
NAME **PRENDERVILLE, SUE**  
STREET ADDRESS **4730 WHITE BAY CIRCLE**  
CITY-ST-ZIP **WESLEY CHAPEL, FL 33544**

TITLE **VD** ☒ Delete  
NAME **SCHWAB, SHERI**  
STREET ADDRESS **5301 BERNADETTE DRIVE**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33540**

TITLE **PD** ☒ Delete  
NAME **LINVILLE, TERRY**  
STREET ADDRESS **4622 GALL BLVD.**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33542**

TITLE **D** ☒ Delete  
NAME **BURGESS, DANNY**  
STREET ADDRESS **6255 SILVER OAKS DR**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33543**

TITLE **D** ☒ Delete  
NAME **HOWARD, LESLIE**  
STREET ADDRESS **34414 CHAUNCEY ROAD**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33543**

TITLE **D** ☐ Delete  
NAME **HATRICK, GARY**  
STREET ADDRESS **58333 5TH AVE**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33542**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Gina King** ☒ Change ☐ Addition  
NAME **39028 Sixth Ave**  
STREET ADDRESS **Zephyrhills, FL 33542**  
CITY-ST-ZIP

TITLE **Tad Wheeler** ☒ Change ☐ Addition  
NAME **14126 N. Hwy 301**  
STREET ADDRESS **Thonotosassa, FL 33592**  
CITY-ST-ZIP

TITLE **JANICE E. WEAVER** ☒ Change ☐ Addition  
NAME **18016 ARBOR CREST DR.**  
STREET ADDRESS **TAMPA, FL 33647**  
CITY-ST-ZIP

TITLE **JANE Strawbridge** ☒ Change ☐ Addition  
NAME **30434 LETTINGWELL CIRCLE**  
STREET ADDRESS **WESLEY CHAPEL, FL 33543**  
CITY-ST-ZIP

TITLE **Gary Hatrick** ☒ Change ☐ Addition  
NAME **5510 12th St.**  
STREET ADDRESS **Zephyrhills, FL 33542**  
CITY-ST-ZIP

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: **X S PRENDERVILLE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/07** **813 7884237**  
Date Daytime Phone #