

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90241 046 ****61.25

DOCUMENT # N94000005131

1. Entity Name

MAIN STREET VERO BEACH, INC.



Principal Place of Business

PO BOX 6253

VERO BEACH, FL 32961 US

Mailing Address

PO BOX 6253

VERO BCH., FL 32961-6253

60000478



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032007

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0446755

Applied For
Not Applicable

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

KEILER, JOHN C TRES
2085 S. PORPOISE PT. LN.
VERO BEACH, FL 32963

Name

DANIEL FOURMONT

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

2267 MAGANS OCEAN WALK

City

VERO BEACH

FL

Zip Code

32963

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

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

DANIEL FOURMONT, TREASURER

1/5/07

(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 **PRES** ☒ Delete
NAME **JONES, PETER**
STREET ADDRESS **2145 14TH AVE., STE 24**
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **TERRY TORRES**
STREET ADDRESS **847 20TH PLACE**
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **VP** ☒ Delete
NAME **TORRES, TERRY**
STREET ADDRESS **847 20TH PLACE**
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **REBECCA RICKEY**
STREET ADDRESS **2145 14TH AVENUE**
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **TRES** ☒ Delete
NAME **KEILER, JOHN**
STREET ADDRESS **2085 S. PORPOISE PT. LN.**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **DANIEL FOURMONT**
STREET ADDRESS **2267 MAGANS OCEAN WALK**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **SECT** ☒ Delete
NAME **MILLS, PATTI**
STREET ADDRESS **2546 FAIRWAY DRIVE**
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **MARY JAYNE KELLY**
STREET ADDRESS **2145 14TH AVENUE**
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 or other like empowered.

SIGNATURE:

Daniel Fourmont
DANIEL FOURMONT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/07

Date

(772) 563-2302

Daytime Phone #