

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90014 035 \*\*\*\*61.25

**DOCUMENT # N95000004656**

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



Principal Place of Business  
**225 EAST MAIN STREET  
WAUCHULA, FL 33873 US**

Mailing Address  
**P.O. BOX 1162  
WAUCHULA, FL 33873 US**

40103000



04292008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0625907**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BURTON, JOHN W. H ESQ.  
501 W. MAIN STREET  
WAUCHULA, FL 33873**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME GILL, ELIZABETH  
STREET ADDRESS 515 CARLTON STREET  
CITY-ST-ZIP WAUCHULA, FL 33873

TITLE D  
NAME CREWS, JERALDINE  
STREET ADDRESS PO BOX 248  
CITY-ST-ZIP WAUCHULA, FL 33873

*delete*

TITLE P  
NAME SEE, LINDA C  
STREET ADDRESS 200 WEST MAIN ST  
CITY-ST-ZIP WAUCHULA, FL 33873

TITLE D  
NAME OLDHAM, LINDA T  
STREET ADDRESS P.O. 992  
CITY-ST-ZIP ZOLFO SPRINGS, FL 33890

TITLE P  
NAME SHACKELFORD-BROWN, PATTY S  
STREET ADDRESS 159 SHACKELFORD RD  
CITY-ST-ZIP WAUCHULA, FL 33873

TITLE P  
NAME PLATT, JAN  
STREET ADDRESS P.O. BOX 127  
CITY-ST-ZIP WAUCHULA, FL 33873

**DO NOT WRITE  
IN THIS SPACE**

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:** *Patty Shackelford Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-30-08*

Date

Daytime Phone #