

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90012 023 ****70.00

DOCUMENT # N96000000433

1. Entity Name
HOMESTEAD MAIN STREET, INC.



Principal Place of Business:
**41 NORTH KROME AVE.
HOMESTEAD, FL 33030 US**

Mailing Address
**41 NORTH KROME AVE.
HOMESTEAD, FL 33030 US**

34063528



07122004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0649988

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

**MELLERSON, PATRICIA
41 NORTH KROME AVE.
HOMESTEAD, FL 33030**

7. Name and Address of New Registered Agent

Name **Shiver, Roy Stephen Jr.**

Street Address (P.O. Box Number is Not Acceptable)
41 N. Krome Avenue

City **Homestead**

FL

Zip Code
33030

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)

7/12/04
DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

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

TITLE **DP** ☒ Delete
NAME **MELLERSON, PATRICIA**
STREET ADDRESS **41 N. KROME AVENUE**
CITY-ST-ZIP **HOMESTEAD, FL 33030**

TITLE **DT** ☒ Delete
NAME **DELEON, DAWNA**
STREET ADDRESS **41 N. KROME AVE**
CITY-ST-ZIP **HOMESTEAD, FL 33030**

TITLE **DVP** ☒ Delete
NAME **MAY, FRANK**
STREET ADDRESS **41 N. KROME AVENUE**
CITY-ST-ZIP **HOMESTEAD, FL 33030**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President (P)** ☒ Change ☐ Addition
NAME **Shiver, Roy Stephen Jr.**
STREET ADDRESS **41 N. Krome Avenue**
CITY-ST-ZIP **Homestead, Fl. 33030**

TITLE **Treasurer (T)** ☒ Change ☐ Addition
NAME **Ellie Schneiderman**
STREET ADDRESS **41 N. Krome Avenue**
CITY-ST-ZIP **Homestead, Fl. 33030**

TITLE **Vice-President (VP)** ☐ Change ☒ Addition
NAME **Larry Shine**
STREET ADDRESS **41 N. Krome Avenue**
CITY-ST-ZIP **Homestead, Fl. 33030**

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

TITLE ☐ Change ☐ Addition
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 exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/04 **305-248-1488**
Date Daytime Phone #