2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State
03-15-2005 90036 035 ****61.25

DOCUMENT # N98000004551

1. Entity Name
MAINSTREET HAMILTON COUNTY, INC.

Principal Place of Business	Mailing Address
111 SW CENTRAL AVE. JASPER, FL 32052	P.O. BOX 1930 JASPER, FL 32052

66U1U330

03072005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
53-3534429
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GREEN, WILLIAM
2039 HAMILTON AVE
JASPER, FL 32052

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GREENE, WILLIAM A
STREET ADDRESS	PO BOX 1555
CITY-ST-ZIP	JASPER, FL 32052
TITLE	T
NAME	CLARK, ROBERT
STREET ADDRESS	217 SE 3RD AVE
CITY-ST-ZIP	JASPER, FL 32052
TITLE	SD
NAME	MCCOY, MELODY
STREET ADDRESS	9905 NW 16TH DR.
CITY-ST-ZIP	JASPER, FL 32052
TITLE	VD
NAME	FOSTER, CATHY JO
STREET ADDRESS	110 HARTLEY
CITY-ST-ZIP	JASPER, FL 32052
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Treasurer 4-16-5 386-792-2143
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — Date — Daytime Phone #