2007 NOT-FOR-PROFIT CORPORATION

JASPER, FL 32052

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

NAME STREET ADDRESS

CITY-ST-ZIP

Apr 04, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # N98000004551 04-04-2007 90170 041 ****61.25 MAINSTREET HAMILTON COUNTY, INC. Mailing Address Principal Place of Business 111 SW CENTRAL AVE. P.O. BOX 1930 10012Pra JASPER, FL 32052 JASPER, FL 32052 2. Principal Place of Business - No P.O. Box # 3. Mailing Address PO ROX 217 300 AUK Suite, Apt. #, etc. Suite, Apt. #, etc. 03292007 Chg-NP CR2E037 (12/06) City & State Applied For 4. FEI Number Jaspen 53-3534429 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREEN, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 2039 HAMILTON AVE JASPER, FL 32052 City Zip Code 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 9. Election Campaign Financing Make check payable to \$5.00 May Be П Due by May 1, 2007 Trust Fund Contribution. Added to Fees Fiorida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE sec/oin TITLE ☐ Delete Addition GREENE, WILLIAM A NAME NAME JOYCE MILLER 7220 US HWY 1295 STREET ADDRESS PO BOX 1555 STREET ADDRESS JASPER, FL 32052 CITY-ST-7IP CITY-ST-7IP JASPEN PL 32052 TITLE T D TITL F □ Detete Change ☐ Addition CLARK, ROBERT NAME NAME 217 SE 3RD AVE STREET ADDRESS STREET ADDRESS JASPER, FL 32052 CITY-ST-ZIP CITY-ST-ZIP SD. TITLE Delete TITLE ☐ Change Addition MCCOY, MELODY NAME NAME STREET ADDRESS 9905 NW 18TH DR. STREET ADDRESS CITY-ST-ZIP JASPER, FL 32052 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition FOSTER, CATHY JO NAME NAME STREET ADDRESS 110 HARTLEY STREET ADDRESS

FILED

☐ Change

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Addition

■ Addition

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.

CITY-ST-ZIP

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NAME STREET ADDRESS

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That Clark 4-2-7 386.364-2079