

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004551

FILED
Apr 19, 2009
Secretary of State

Entity Name: MAINSTREET HAMILTON COUNTY, INC.

Current Principal Place of Business:

217 3RD AVE SE
JASPER, FL 32052

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 887
JASPER, FL 32052

New Mailing Address:

FEI Number: 53-3534429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, WILLIAM
2039 HAMILTON AVE
JASPER, FL 32052 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GREENE, WILLIAM A
Address: PO BOX 1555
City-St-Zip: JASPER, FL 32052

Title: T () Delete
Name: CLARK, ROBERT
Address: 217 SE 3RD AVE
City-St-Zip: JASPER, FL 32052

Title: SCD () Delete
Name: MILLER, JOYCE
Address: 7220 US HWY 1295
City-St-Zip: JASPER, FL 32052

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: CLARK, ROBERT
Address: 217 SE 3RD AVE
City-St-Zip: JASPER, FL 32052

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT CLARK

TREA

04/19/2009

Electronic Signature of Signing Officer or Director

Date