

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90209 037 ****61.25

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1. Entity Name
MAIN STREET OF MONTICELLO/JEFFERSON COUNTY,
INC.



Principal Place of Business

240 W. WASHINGTON ST
MONTICELLO, FL 32344

Mailing Address

240 W. WASHINGTON ST
MONTICELLO, FL 32344

DO NOT WRITE IN THIS SPACE



01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3568856

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DRAWDY, MARY FRANCES
420 W WASHINGTON STREET
MONTICELLO, FL 32344

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JACKSON, TRACEY
STREET ADDRESS PO BOX 338 (166 E.DOGWOOD)
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE VD
NAME HUGHES, BARBARA
STREET ADDRESS 230 W WASHINGTON STREET
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE SD
NAME SKELTON, DONNA
STREET ADDRESS 385 N. JEFFERSON
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE TD
NAME SKELTON, MO
STREET ADDRESS 385 N. JEFFERSON
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE D
NAME GWYNN, NOANNE
STREET ADDRESS 550 E WASHINGTON STREET
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE D
NAME AVERA, GRETCHEN
STREET ADDRESS 580 W. WASHINGTON
CITY-ST-ZIP MONTICELLO, FL 32344

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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 Statute. 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: Mary Frances Drawdy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-06
Date

850-997-5552
Daytime Phone #