

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000005470

1. Entity Name
MAINSTREETWEEK.COM FOUNDATION, INC.



Principal Place of Business
**255 S. ORANGE AVE., SUITE 600
ORLANDO, FL 32801**

Mailing Address
**P.O. BOX 1511
ORLANDO, FL 32802**



03122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3617209

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PINO, LAURENCE J
255 S. ORANGE AVE., SUITE 600
ORLANDO, FL 32801**

**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, 2004**

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

**000000127529
04/26/04-80001-023 61.25**

10. OFFICERS AND DIRECTORS

TITLE	TDSP
NAME	PINO, LAURENCE J
STREET ADDRESS	255 SOUTH ORANGE AVE SUITE 600
CITY - ST - ZIP	ORLANDO, FL 32801
TITLE	D
NAME	WESTERBAND, JULIO
STREET ADDRESS	255 SOUTH ORANGE AVENUE SUITE 600
CITY - ST - ZIP	ORLANDO, FL 32801
TITLE	D
NAME	NICKERSON, CRAIG
STREET ADDRESS	255 E ORANGE AVE 6TH FLOOR
CITY - ST - ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 3/17/04 407 206-6513
Laurence J. Pino

Date

Daytime Phone #