

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 23, 2012
Secretary of State

DOCUMENT# N99000007110

Entity Name: ST. CLOUD MAIN STREET, INC.**Current Principal Place of Business:**903 PENNSYLVANIA AVE
ST. CLOUD, FL 34769 US**New Principal Place of Business:****Current Mailing Address:**903 PENNSYLVANIA AVE
ST. CLOUD, FL 34769 US**New Mailing Address:****FEI Number:** 59-3614025**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROWLAND, OLIVIA T MANAGER
903 PENNSYLVANIA AVE
SAINT CLOUD, FL 34769 US**Name and Address of New Registered Agent:**STARK, PAULA A
903 PENNSYLVANIA AVE
SAINT CLOUD, FL 34769 US

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: PAULA A STARK

02/23/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CHAMBERS, PATTY
Address: 903 PENNSYLVANIA AVE
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: S
Name: DECOSTER, CINDY
Address: 903 PENNSYLVANIA AVE
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: T
Name: ASKEW, DAVID
Address: 903 PENNSYLVANIA AVE
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: VP
Name: REILLY, MIKE
Address: 903 PENNSYLVANIA AVE
City-St-Zip: SAINT CLOUD, FL 34769 US

I hereby 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 all other like empowered.

SIGNATURE: PATTY CHAMBERS

PRES

02/23/2012

Electronic Signature of Signing Officer or Director

Date