2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2020
Secretary of State
1461783196CC

DOCUMENT# N95000002261

Entity Name: ORMOND MAIN STREET, INC.

Current Principal Place of Business:

44 W GRANADA BLVD.
SUITE A
ORMOND BEACH, FL 32174

Current Mailing Address:

P.O. BOX 2917
ORMOND BEACH, FL 32175-2917 US

FEI Number: 59-3311218

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARTINGTON, WILLIAM E II
44 W GRANADA BLVD.
SUITE A
ORMOND BEACH, FL 32174 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: WILLIAM E PARTINGTON II 01/20/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VP, DIRECTOR
Name	SLICK, MICHAEL S
Address	P.O. BOX 2917
City-State-Zip:	ORMOND BEACH FL 32175-2917

Title	SECRETARY, DIRECTOR
Name	BITTNER, ALEX
Address	P.O. BOX 2917
City-State-Zip:	ORMOND BEACH FL 32175-2917

Title	TREASURER, DIRECTOR
Name	SLICK, MICHAEL JR.
Address	P.O. BOX 2917
City-State-Zip:	ORMOND BEACH FL 32175-2917

Title	PRESIDENT, DIRECTOR
Name	MACDONALD, THOMAS
Address	P.O. BOX 2917
City-State-Zip:	ORMOND BEACH FL 32175-2917

Title	AUTHORIZED REPRESENTATIVE
Name	PARTINGTON, WILLIAM E II
Address	P.O. BOX 2917
City-State-Zip:	ORMOND BEACH FL 32175-2917

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: WILLIAM E PARTINGTON R.A. 01/20/2020

Electronic Signature of Signing Officer/Director Detail — Date