

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB -7 PM 4:15

**DOCUMENT # 704737 (6)**  
1. Corporation Name

**THE GREATER MAITLAND CIVIC CENTER, INC.**

Principal Place of Business Mailing Address  
641 S. MAITLAND AVE. PO BOX 941124  
MAITLAND FL 32751 MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **10/30/1962** 3a. Date of Last Report **03/08/1994**  
4. FEI Number **59-1087926** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 **32794** 25 Country 29 Zip **32794** 30 Country

9. Name and Address of Current Registered Agent  
**GRIFFIN, DENNIS**  
**641 S. MAITLAND BLVD.**  
**MAITLAND, FLORIDA**  
**32751**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>GRIFFIN, DENNIS</b> <b>1401 LEE RD</b> <b>ORLANDO FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>PRESIDENT</b> <b>MARY HODGE</b> <b>95 LAKE DESTINY TR</b> <b>ALTA MONTE SPRINGS FL 32714</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>DYER, SUE</b> <b>841 COLLIE LANE</b> <b>MAITLAND FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>SECRETARY</b> <b>PEGGIE HOUSER</b> <b>633 DOMMERICH DR</b> <b>MAITLAND FL 32751</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>STEPHENS, LES</b> <b>2130 DYAN WAY</b> <b>MAITLAND FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BLASCHKA, X.</b> <b>1101 WILLOWBROOK TR</b> <b>MAITLAND FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BURRUSS, TOM</b> <b>2453 CARLTON ROAD</b> <b>MAITLAND FL</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>HOUSER, PEGGIE</b> <b>633 DOMMERICH DRIVE</b> <b>MAITLAND FL</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<b>VICE PRESIDENT</b> <b>WILLIAM VICKERS</b> <b>2110 GERONIMO TR</b> <b>MAITLAND FL 32751</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Hodge* 1/30/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type in Year)