FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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 32794 US	641 S. MAITLAND AVE. PO BOX 941124 MAITLAND FL 32794 US

3. Date Incorporated or Qualified: 10/30/1962
3a. Date of Last Report: 02/07/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. **Name and Address of Current Registered Agent**

GRIFFIN, DENNIS NO
641 S. MAITLAND BLVD
MAITLAND, FLORIDA
32751

10. **Name and Address of New Registered Agent**

81 Name: MARY HODGE
82 Street Address (P.O. Box Number is Not Acceptable): 95 LK. DESTINY TR.
83 (ALT. SPGS.
84 City: FL 85 Zip Code: 32714

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Mary F. Hodge - MARY F. HODGE PRES. 1-15-96
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HODGE, MARY		1.2 NAME		
STREET ADDRESS	95 LAKE DESTINY TR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	S	☑ DELETE	2.1 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	HOUSER, PEGGIE		2.2 NAME	JIM WILLIFORD	
STREET ADDRESS	633 DOMMERICH DR		2.3 STREET ADDRESS	1970 KING ARTHUR CIRCLE	
CITY-ST-ZIP	MAITLAND FL		2.4 CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	T	☑ DELETE	3.1 TITLE	TREASURER	☑ Change ☐ Addition
NAME	STEPHENS, LES		3.2 NAME	JIM HOUSER	
STREET ADDRESS	2130 DYAN WAY		3.3 STREET ADDRESS	633 DOMMERICH DR	
CITY-ST-ZIP	MAITLAND FL		3.4 CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	☑ DELETE	4.1 TITLE	SECRETARY	☑ Change ☐ Addition
NAME	BLASCHKA, X.		4.2 NAME	SUE DYER	
STREET ADDRESS	1101 WILLOWBROOK TR		4.3 STREET ADDRESS	841 COLLIE LN	
CITY-ST-ZIP	MAITLAND FL		4.4 CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	☑ DELETE	5.1 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	BURRUSS, TOM		5.2 NAME	DARLY BONG	
STREET ADDRESS	2453 CARLTON ROAD		5.3 STREET ADDRESS	2501 MACBETH AVE	
CITY-ST-ZIP	MAITLAND FL		5.4 CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VP	☐ DELETE	6.1 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	WILLIAM, VICKERS		6.2 NAME		
STREET ADDRESS	2110 GERONIMO TR		6.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 119.07(3)(k), 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 F. Hodge 1-15-96 (407) 647-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #