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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704737

1. Corporation Name
THE GREATER MAITLAND CIVIC CENTER, INC.

Principal Place of Business 641 S. MAITLAND AVE. PO BOX 941124 MAITLAND FL 32794 US	Mailing Address 641 S. MAITLAND AVE. PO BOX 941124 MAITLAND FL 32794 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/30/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1087926
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent DYER, SUE 841 COLLIE LN MAITLAND FL 32751		10. Name and Address of New Registered Agent	
81 Name	BOB BUERGER		
82 Street Address (P.O. Box Number is Not Acceptable)	26 MINNEHANA CIR.		
83			
84 City	MAITLAND	85 State	FL
		Zip Code	32751

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: *Robert Buerger* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	DYER, SUE	1.2 NAME	ROBERT BUERGER
STREET ADDRESS	841 COLLIE LANE	1.3 STREET ADDRESS	26 MINNEHANA CIR
CITY-ST-ZIP	MAITLAND FL 32751	1.4 CITY-ST-ZIP	MAITLAND FL 32751
TITLE	V	2.1 TITLE	V
NAME	BUERGER, BOB	2.2 NAME	ED WILDER
STREET ADDRESS	26 MINNEHANA CIR	2.3 STREET ADDRESS	301 - EVANSDALE RD
CITY-ST-ZIP	MAITLAND FL 32751	2.4 CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	T	3.1 TITLE	T
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 32751	3.4 CITY-ST-ZIP	MAITLAND FL 32751
TITLE	D	4.1 TITLE	
NAME	MALEY, ANNE	4.2 NAME	
STREET ADDRESS	2400 DELORAINE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	BONE, DARCY	5.2 NAME	ROBERT FORD
STREET ADDRESS	2501 MACBETH AVE	5.3 STREET ADDRESS	2490 DELORAINE TR
CITY-ST-ZIP	MAITLAND FL	5.4 CITY-ST-ZIP	MAITLAND FL 32751
TITLE	D	6.1 TITLE	
NAME	ORTNER, ANTHONY	6.2 NAME	
STREET ADDRESS	700 LIVE OAK ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Robert Buerger* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: _____ DAYTIME PHONE #: 407-647-2111

CR2E037 (11/98)