

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

04-29-2004 90308 044 ****61.25

DOCUMENT # 704737					
1. Entity 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1087926	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SWIGART, GLENN E 1946 VIBURNUM LANE WINTER PARK, FL 32792				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZEITLER, LINDA 910 WINTERGREEN BLVD CASSELBERRY, FL 32730	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ASH, JOE 1131 GLEN GARRY CIRCLE MAITLAND, FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	TRASURER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHAFFER, LYLE 341 W SYBELIA AVE MAITLAND, FL 32751	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	V.P SUSAN MILLER 115 W LAKE FAITH DR MAITLAND FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, KATHY 581 N LAKE SYBELIA DR MAITLAND, FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, BEA 1140 S. ORLANDO AVENUE - SUITE "K-8" MAITLAND, FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	SECRETARY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWEN, BETTY 1755 HURON TRAIL MAITLAND, FL 32751	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	DIRECTOR DICK HOWELL 150 MARINER WAY MAITLAND FL 32751
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Glenn E Swigart Jr</i>			4/23/04 407-647-2111		
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR			Date Daytime Phone #		

Burles J. Long

5/20/04 407-5392706