


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90333 043 ****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
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SWIGART, GLENN E 1946 VIBURNUM LANE WINTER PARK, FL 32792				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				1446 VIBURNUM LANE	
				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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEITLER, LINDA		NAME	Linda A. Zeitler	
STREET ADDRESS	910 WINTERGREEN BLVD		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY, FL 32730		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASH, JOE		NAME	WILLIAM VICKERS	
STREET ADDRESS	1131 GLEN GARRY CIRCLE		STREET ADDRESS	2110 GERONIMO TRAIL	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER; SUSAN		NAME	DICK HOWELL	
STREET ADDRESS	115 W LAKE FAITH DR		STREET ADDRESS	150 MARINER WAY	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, KATHY		NAME		
STREET ADDRESS	561 N LAKE SYBELIA DR		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, BEA		NAME		
STREET ADDRESS	1140 S. ORLANDO AVENUE - SUITE "K-8"		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWELL, DICK		NAME	BOB BUEBER	
STREET ADDRESS	150 MARIANIER WAY		STREET ADDRESS	26 MINNEHAHA CIRCLE	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	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>Linda A. Zeitler</i>			Date: 4/25/05 407-830-6373		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

14001100



04252005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1087926 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Name
 Street Address (P.O. Box Number is Not Acceptable)
 1446 VIBURNUM LANE
 City FL Zip Code

Filing Fee is \$61.25 Due by May 1, 2005

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		
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NAME	ZEITLER, LINDA	
STREET ADDRESS	910 WINTERGREEN BLVD	
CITY-ST-ZIP	CASSELBERRY, FL 32730	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ASH, JOE	
STREET ADDRESS	1131 GLEN GARRY CIRCLE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MILLER; SUSAN	
STREET ADDRESS	115 W LAKE FAITH DR	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D	<input type="checkbox"/> Delete
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NAME	LONG, BEA	
STREET ADDRESS	1140 S. ORLANDO AVENUE - SUITE "K-8"	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOWELL, DICK	
STREET ADDRESS	150 MARIANIER WAY	
CITY-ST-ZIP	MAITLAND, FL 32751	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda A. Zeitler	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM VICKERS	
STREET ADDRESS	2110 GERONIMO TRAIL	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICK HOWELL	
STREET ADDRESS	150 MARINER WAY	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB BUEBER	
STREET ADDRESS	26 MINNEHAHA CIRCLE	
CITY-ST-ZIP	MAITLAND FL 32751	

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SIGNATURE: *Linda A. Zeitler* Date: 4/25/05 407-830-6373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #