


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2006 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



05082006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1087926	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SWIGART, GLENN E
1446 VIBURNUM LANE
WINTER PARK, FL 32792**

**DO NOT WRITE
IN THIS SPACE**

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 \$51.25
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZEITLER, LINDA 910 WINTERGREEN BLVD CASSELBERRY, FL 32730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VICKERS, WILLIAM 2110 GERONIMO TRIAL MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOWELL, DICK 150 MARINER WAY MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, KATHY 561 N LAKE SYBELIA DR MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LONG, BEA 1140 S. ORLANDO AVENUE - SUITE "K-8" MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUERGER, BOB 26 MINNENHAHA CIR MAITLAND, FL 32751

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05/20/06-80055-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Glenn E Swigart Jr.* **5/8/06** **407 647 2111**

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