


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90337 033 \*\*\*\*61.25

<b>DOCUMENT # 704737</b>					
1. Entity Name <b>THE GREATER MAITLAND CIVIC CENTER, INC.</b>					
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 - No P.O. Box #		3. Mailing Address		04212008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1087926</b>	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>SWIGART, GLENN E</b> 1446 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: <i>Glenn E Swigart</i>				DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZEITLER, LINDA	NAME	DICK HOWELL		
STREET ADDRESS	910 WINTERGREEN BLVD	STREET ADDRESS	150 MARINER WAY		
CITY-ST-ZIP	CASSELBERRY, FL 32730	CITY-ST-ZIP	MAITLAND FL 32751		
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ASH, JOE	NAME	WILLIAM VICKERS		
STREET ADDRESS	2 ESCONDIDO CR UNIT 178	STREET ADDRESS	2110 GERONIMO TR		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	CITY-ST-ZIP	MAITLAND FL 32751		
TITLE	VP <input type="checkbox"/> Delete	TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOWELL, DICK	NAME	LAURN PIZER		
STREET ADDRESS	150 MARINER WAY	STREET ADDRESS	601 N LAKE SYBELIA		
CITY-ST-ZIP	MAITLAND, FL 32751	CITY-ST-ZIP	MAITLAND FL 32751		
TITLE	D <input type="checkbox"/> Delete	TITLE			
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			
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUERGER, BOB	NAME	LINDA ZEITLER		
STREET ADDRESS	26 MINNENAH CIR	STREET ADDRESS	910 WINTERGREEN BLVD		
CITY-ST-ZIP	MAITLAND, FL 32751	CITY-ST-ZIP	CASSELBERRY FL 32730		
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: <i>Linda Zeitle</i>				Date: <i>4/25/08</i> Daytime Phone #: <i>407-647-2111</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	