

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2004**  
**Secretary of State**

DOCUMENT# N01000009049

Entity Name: MAGGARD FOUNDATION FOR THE BLIND AND PHYSICALLY HANDICAPPED, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

1270 MARTY BLVD.  
 ALTAMONTE SPRINGS, FL 327142725

**Current Mailing Address:**

**New Mailing Address:**

1270 MARTY BLVD.  
 SUITE # 101  
 ALTAMONTE SPRINGS, FL 327142725

FEI Number: 30-0003609      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MARKS, TAMERA J  
 1724 IMPERIAL PALM DR.  
 APOPKA, FL 32712      US

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.

SIGNATURE:

\_\_\_\_\_ Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DIR      ( ) Delete  
 Name: MAGGARD, DIANE M EXC.SEC  
 Address: 1270 MARTY BLVD.  
 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title:      ( ) Change ( ) Addition  
 Name:  
 Address:  
 City-St-Zip:

Title: DIR      ( ) Delete  
 Name: MAGGARD, LAWRENCE D PRES.  
 Address: 1270 MARTY BLVD.  
 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title:      ( ) Change ( ) Addition  
 Name:  
 Address:  
 City-St-Zip:

Title: DIR      ( ) Delete  
 Name: MARKS, TAMERA J SECTY.  
 Address: 1724 IMPERIAL PALM DRIVE  
 City-St-Zip: APOPKA, FL 32712 US

Title:      ( ) Change ( ) Addition  
 Name:  
 Address:  
 City-St-Zip:

Title: DIR      ( ) Delete  
 Name: WILLIAMSON, WAYNE W TREAS.  
 Address: 19020 115TH TERRACE  
 City-St-Zip: OLATHE, KS 66061 US

Title:      ( ) Change ( ) Addition  
 Name:  
 Address:  
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE D. MAGGARD

DIR

04/27/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date