

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 30, 2005  
Secretary of State

DOCUMENT# N01000009049

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

**Current Principal Place of Business:**

1270 MARTY BLVD.  
ALTAMONTE SPRINGS, FL 327142725

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

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

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

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:**

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

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

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

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

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

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

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

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

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

04/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date