2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
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 Chapter 119, 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 PRES 04/30/2006

Electronic Signature of Signing Officer or Director Date