

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 30, 2012  
Secretary of State

DOCUMENT# N01000009049

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

## Current Principal Place of Business:

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

## New Principal Place of Business:

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

## 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 (X)

## 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  
Name: MAGGARD, DIANE M EXC.SEC  
Address: 1270 MARTY BLVD.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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

Title: DIR  
Name: MARKS, TAMERA J RES AG  
Address: 1724 IMPERIAL PALM DRIVE  
City-St-Zip: APOPKA, FL 32712 US

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

Title: DIR  
Name: VASQUEZ, NANCY J SECTY  
Address: 1270 MARTY BLVD  
City-St-Zip: ALTAMONTE SPRINGS, FL 327142725 US

Title: DIR  
Name: KNOX, WILLIAM ACCT.  
Address: 74 JUSTIN DRIVE  
City-St-Zip: APOPKA, FL 32712 US

I hereby 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 all other like empowered.

SIGNATURE: LAWRENCE D. MAGGARD

PRES

04/30/2012

Electronic Signature of Signing Officer or Director

Date