

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34267

FILED
Feb 20, 2007
Secretary of State

Entity Name: MAITLAND ROTARY ART FESTIVAL, INC.

Current Principal Place of Business:

1070 DRUID DRIVE
MAITLAND, FL 32792

New Principal Place of Business:

Current Mailing Address:

1070 DRUID DRIVE
MAITLAND, FL 32792

New Mailing Address:

FEI Number: 59-2920171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBBS, MARSHALL A
1070 DRUID DRIVE
MAITLAND, FL 32751 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: D () Delete
Name: MELLEN, ROBERT T., J. R.
Address: 1120 TOM GURNEY DRIVE
City-St-Zip: WINTER PARK, FL 32794

Title: D () Delete
Name: ESTES, BUD
Address: 1250 N. LAKE SUBELIA DR.
City-St-Zip: MAITLAND, FL 32751

Title: DP () Delete
Name: GIBBS, MARSHALL,
Address: 1070 DRUID DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32751

Title: D () Delete
Name: VAUGHN, JACK
Address: 450 N. LAKE SYBELIA DR
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DP (X) Change () Addition
Name: GIBBS, MARSHALL,
Address: 1070 DRUID DRIVE
City-St-Zip: MAITLAND, FL 32751

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: MARSHALL A GIBBS

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02/20/2007

Electronic Signature of Signing Officer or Director

_____ Date