2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2006
Secretary of State

DOCUMENT# 702568

Entity Name: MAITLAND PUBLIC LIBRARY INC

Current Principal Place of Business:

501 SOUTH MAITLAND AVENUE
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

501 SOUTH MAITLAND AVENUE
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-0648247 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POTTER, KAREN
501 SOUTH MAITLAND AVENUE
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: PD ( ) Delete
Name: ELLIS, LESLIE
Address: 250 NOTTOWAY TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: SD ( ) Delete
Name: MULINARE, JOANNE
Address: 2461 DELORAINE TRAIL
City-St-Zip: MAITLAND, FL

Title: TD ( ) Delete
Name: AYCRIGG, BEN
Address: 1775 MOHAWK TR.
City-St-Zip: MAITLAND, FL 32751

Title: C ( ) Delete
Name: ADLER, NANCI J
Address: 381 W. TROTTERS 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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change ( ) Addition
Name: CHAPMAN, SARAH
Address: 1303 DRUID ROAD
City-St-Zip: MAITLAND, FL 32751

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: LESLIE ELLIS PD 01/03/2006

Electronic Signature of Signing Officer or Director — Date