

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000009049

FILED
May 01, 2014
Secretary of State
CC2115153529

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

Current Principal Place of Business:

1270 MARTY BLVD.
SUITE#101
ALTAMONTE SPRINGS, FL 32714-2725

Current Mailing Address:

1270 MARTY BLVD.
SUITE#101
ALTAMONTE SPRINGS, FL 32714-2725

FEI Number: 30-0003609

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title DIR
Name MAGGARD, DIANE MEXC.SEC
Address 1270 MARTY BLVD.
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIR
Name MAGGARD, LAWRENCE DPRES.
Address 1270 MARTY BLVD.
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIR
Name MARKS, TAMERA JRES AG
Address 1724 IMPERIAL PALM DRIVE
City-State-Zip: APOPKA FL 32712

Title DIR
Name WILLIAMSON, WAYNE WMED.DIR
Address 19020 115TH TERRACE
City-State-Zip: OLATHE KS 66061

Title DIR
Name VASQUEZ, NANCY JSECTY
Address 1270 MARTY BLVD
City-State-Zip: ALTAMONTE SPRINGS FL 32714-2725

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

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

PRESIDENT

05/01/2014

Electronic Signature of Signing Officer/Director Detail

Date