

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000009049

FILED
May 10, 2018
Secretary of State
CC5925097591

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:

MAGGARD, LAWRENCE D
1270 MARTY BLVD
ALTAMONTE SPRINGS, FL 32714 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: LAWRENCE D. MAGGARD

05/10/2018

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 J
Address 1724 IMPERIAL PALM DRIVE
City-State-Zip: APOPKA FL 32712

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

Title SVP
Name TYSON, RANDALL
Address 539 E BIXBY RD
City-State-Zip: LONG BEACVH CA 90807

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

05/10/2018

Electronic Signature of Signing Officer/Director Detail

Date