

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000002007

**Entity Name:** THE DAVID MAUS FOUNDATION, INC.**Current Principal Place of Business:**3939 US HWY 19  
NEW PORT RICHEY, FL 34652**Current Mailing Address:**15220 WISCON ROAD  
BROOKSVILLE, FL 34601 US**FEI Number:** 20-2802845**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KILLGORE, PEARMAN, SEMANIE, DENIUS & SQUIRES, P.A.  
800 N. MAGNOLIA AVE  
STE 1500  
ORLANDO, FL 32803 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:** FRANK KILLGORE

01/18/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name MAUS, DAVID L  
Address 3939 US HWY 19  
City-State-Zip: NEW PORT RICHEY FL 34652

Title OTHER  
Name KILLGORE, FRANK  
Address 800 N. MAGNOLIA AVE  
STE 1500  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name MAUS, NICOLE  
Address 3939 US HWY 19  
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR  
Name HINDS, NAOMI  
Address 3939 US HWY 19  
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR  
Name PLETSCHER, JORDAN  
Address 3939 US HWY 19  
City-State-Zip: NEW PORT RICHEY FL 34652

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:** NAOMI HINDS

DIRECTOR

01/18/2023

Electronic Signature of Signing Officer/Director Detail

Date