I hereby certify that the information indicated on this report or supplemental report is true and acc oath; that I am an officer or director of the corporation or the receiver or trustee empowered to ex	
above, or on an attachment with all other like empowered.	

above, or on an attachment with all other like empowered.		
SIGNATURE: DAVID MAUS	MGR	01/17/2024

Electronic Signature of Signing Officer/Director Detail

KILLGORE, PEA 800 N. MAGNOL STE 1500 ORLANDO, FL 3				
The above named e	entity submits this statement for the purpose of changin	ng its registered office or re	egistered agent, or both, in th	e State of Florida.
SIGNATURE:	FRANK KILLGORE			01
	Electronic Signature of Registered Agent			
Officer/Direct	tor Detail :			
Title	DIRECTOR, PRESIDENT	Title	OTHER	

Name

Title

Name

Address

Address

City-State-Zip:

City-State-Zip:

MAUS, DAVID L

3939 US HWY 19

DIRECTOR

DIRECTOR

MAUS, NICOLE

3939 US HWY 19

PLETSCHER, JORDAN 3939 US HWY 19

NEW PORT RICHEY FL 34652

NEW PORT RICHEY FL 34652

NEW PORT RICHEY FL 34652

NEW PORT RICHEY, FL 34652

Current Mailing Address:

15220 WISCON ROAD BROOKSVILLE, FL 34601 US

FEI Number: 20-2802845

Name

Title

Name

Title

Name

Address

Address

Address

City-State-Zip:

City-State-Zip:

City-State-Zip:

Name and Address of Current Registered Agent:

Entity Name: THE DAVID MAUS FOUNDATION, INC. **Current Principal Place of Business:**

3939 US HWY 19

DOCUMENT# N0500002007

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

KILLGORE, FRANK

STE 1500

DIRECTOR

HINDS, NAOMI

3939 US HWY 19

NEW PORT RICHEY FL 34652

800 N. MAGNOLIA AVE

ORLANDO FL 32803

Certificate of Status Desired: No

FILED Jan 17, 2024 Secretary of State 9006922388CC

> 01/17/2024 Date

> > Date