

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34267

**FILED**  
**Mar 25, 2014**  
**Secretary of State**  
**CC6273162356**

**Entity Name:** MAITLAND ROTARY ART FESTIVAL, INC.

**Current Principal Place of Business:**

450 N. LAKE SYBELIA DRIVE  
MAITLAND, FL 32751

**Current Mailing Address:**

P. O. BOX 941234  
MAITLAND, FL 32794-1234 US

**FEI Number:** 59-2920171

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VAUGHAN, JAMES J. AGENT  
450 N. LAKE SYBELIA DRIVE  
MAITLAND, FL 32751 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 P  
Name VAUGHAN, JAMES J. PRES  
Address 450 N. LAKE SYBELIA DRIVE  
City-State-Zip: MAITLAND FL 32751

Title VP  
Name JOWDY, JOSEPH VP  
Address 268 SPRINGSIDE ROAD  
City-State-Zip: LONGWOOD FL 32779

Title D  
Name TOLL, JASON DIRECTR  
Address 1191 BANBURY TRAIL  
City-State-Zip: MAITLAND FL 32751

Title S  
Name LESPERANCE, KELLEY SEC  
Address 450 HILLANDALE LANE  
City-State-Zip: MAITLAND FL 32751

Title T  
Name FRANK, THOMAS TREAS  
Address 205 N ELM AVENUE  
City-State-Zip: SANFORD FL 32771

Title D  
Name LESPERANCE, ROB DIRECTR  
Address 450 HILLANDALE LANE  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name ESTES, BUD  
Address 1250 N LAKE SYBELIA DRIVE  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name RUTA, STEVE  
Address 32 MINNEHANA CIRCLE  
City-State-Zip: MAITLAND FL 32751

**Continues on page 2**

*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:** THOMAS J FRANK

**TREASURER**

**03/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            SCHULTZ, ROBERT  
Address        433 W NEW ENGLAND AVE  
                  #211  
City-State-Zip: WINTER PARK FL 32789