

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N34267

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

**Current Principal Place of Business:**

BOX 941234  
MAITLAND, FL 32794-1234

**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:**

FRANK, THOMAS J  
205 N ELM AVE  
SANFORD, FL 32771 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: THOMAS J FRANK

10/29/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, SECRETARY  
Name WOODLEY, PATRICIA  
Address PO BOX 941234  
City-State-Zip: MAITLAND FL 32794

Title DIRECTOR  
Name ROTHFELD, DAVID  
Address PO BOX 941234  
City-State-Zip: MAITLAND FL 32794

Title CHAIRMAN, DIRECTOR  
Name TOLL, JASON  
Address PO BOX 941234  
City-State-Zip: MAITLAND FL 32794

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

Title DIRECTOR  
Name BROWNLEE, JUSTIN  
Address PO BOX 941234  
City-State-Zip: MAITLAND FL 32794

Title DIRECTOR, VC  
Name FEIST, KELLY  
Address PO BOX 941234  
City-State-Zip: MAITLAND FL 32794

Title DIRECTOR  
Name WALTRIP, ELIZABETH  
Address BOX 941234  
City-State-Zip: MAITLAND FL 32794-1234

Title DIRECTOR  
Name CHARLAN, RENEE  
Address BOX 941234  
City-State-Zip: MAITLAND FL 32794-1234

**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 FRANK

TREAS

10/29/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR, VP  
Name            JOWDY, JOSEPH  
Address         PO BOX 941234  
City-State-Zip: MAITLAND FL 32794