

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34267

FILED
Feb 01, 2016
Secretary of State
CC4150288603

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

02/01/2016

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

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

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

02/01/2016

Electronic Signature of Signing Officer/Director Detail

Date