

2020 FLORIDA NOT FOR PROFIT CORPORATION 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

06/09/2020

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

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

TREA

06/09/2020

Electronic Signature of Signing Officer/Director Detail

Date