

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 24, 2015

Secretary of State

CC8355867550

DOCUMENT# N34267

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

02/24/2015

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