

**2024 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

04/24/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name LANDA, BETH  
Address PO BOX 941234  
City-State-Zip: MAITLAND FL 32794

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

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

Title VP  
Name WARNER, JONNIE MAE  
Address BOX 941234  
City-State-Zip: MAITLAND FL 32794-1234

Title TRUSTEE  
Name MCLAUGHLIN, BRANDY  
Address BOX 941234  
City-State-Zip: MAITLAND FL 32794-1234

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

Title TREASURER  
Name SALAZAR, JP  
Address PO 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

TRUSTEE

04/24/2024

Electronic Signature of Signing Officer/Director Detail

Date