

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34267

**FILED  
Apr 22, 2021  
Secretary of State  
7722055126CC**

**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

04/22/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title DIRECTOR  
Name WEINER, DOUG  
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

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

**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**

04/22/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY

Name NATHIRI, NY

Address P. O. BOX 941234

City-State-Zip: MAITLAND FL 32794-1234