

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702568

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

**Entity Name:** MAITLAND PUBLIC LIBRARY INC

**Current Principal Place of Business:**

501 SOUTH MAITLAND AVENUE  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

501 SOUTH MAITLAND AVENUE  
MAITLAND, FL 32751

**New Mailing Address:**

**FEI Number:** 59-0648247

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POTTER, KAREN MS.  
501 SOUTH MAITLAND AVENUE  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WHITACRE, WILLIAM  
Address: 730 MOHAVE TRAIL  
City-St-Zip: MAITLAND, FL 32751

Title: SD  
Name: MULINARE, JOANNE  
Address: 2461 DELORAINE TRAIL  
City-St-Zip: MAITLAND, FL 32751

Title: TD  
Name: AYCRIGG, BEN  
Address: 1775 MOHAWK TR.  
City-St-Zip: MAITLAND, FL 32751

Title: C  
Name: CHAPMAN, SARAH  
Address: 1303 DRUID ROAD  
City-St-Zip: MAITLAND, FL 32751

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: SARAH H. CHAPMAN

C

01/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date