


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90337 033 ****61.25

DOCUMENT # 704737					
1. Entity Name THE GREATER MAITLAND CIVIC CENTER, INC.					
Principal Place of Business 641 S. MAITLAND AVE. PO BOX 941124 MAITLAND, FL 32794 US			Mailing Address 641 S. MAITLAND AVE. PO BOX 941124 MAITLAND, FL 32794 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		04212008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1087926	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SWIGART, GLENN E 1446 VIBURNUM LANE WINTER PARK, FL 32792				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Glenn E Swigart</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEITLER, LINDA		NAME	DICK HOWELL	
STREET ADDRESS	910 WINTERGREEN BLVD		STREET ADDRESS	150 MARINER WAY	
CITY-ST-ZIP	CASSELBERRY, FL 32730		CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASH, JOE		NAME	WILLIAM VICKERS	
STREET ADDRESS	2 ESCONDIDO CR UNIT 178		STREET ADDRESS	2110 GERONIMO TR	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, DICK		NAME	LAURN PIZER	
STREET ADDRESS	150 MARINER WAY		STREET ADDRESS	601 N LAKE SYBELIA	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, KATHY		NAME		
STREET ADDRESS	561 N LAKE SYBELIA DR		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, BEA		NAME		
STREET ADDRESS	1140 S. ORLANDO AVENUE - SUITE "K-8"		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUERGER, BOB		NAME	LINDA ZEITLER	
STREET ADDRESS	26 MINNENAH CIR		STREET ADDRESS	910 WINTERGREEN BLVD	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	CASSELBERRY FL 32730	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Linda Zeitle</i>				Date: <i>4/25/08</i> Daytime Phone #: <i>407-647-2111</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	