

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90514 029 ****61.25

DOCUMENT # 705160

1. Entity Name
MAXCY FOUNDATION INC.



Principal Place of Business

**33 EAST WALL STREET
P.O. BOX 158
FROSTPROOF, FL 33843-2126**

Mailing Address

**33 EAST WALL STREET
P.O. BOX 158
FROSTPROOF, FL 33843-2126**

50045222



04272005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-6137284

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WILSON, PEYTON T
100 PALM AVE
FROSTPROOF, FL 33843**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILSON, PATRICIA M
STREET ADDRESS	100 N PALM AVE
CITY - ST - ZIP	FROSTPROOF, FL
TITLE	STD
NAME	WILSON, CYNTHIA (ASST)
STREET ADDRESS	MOUNTAIN LAKE ESTATES
CITY - ST - ZIP	LAKE WALES, FL
TITLE	VD
NAME	WILSON, P T
STREET ADDRESS	100 N PALM AVE
CITY - ST - ZIP	FROSTPROOF, FL
TITLE	STD
NAME	CRADDOCK, HOOD F
STREET ADDRESS	223 LAKE LINK ROAD
CITY - ST - ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **F. Hood Craddock** 4-29-05 (863) 635-4804