

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718882

FILED
Feb 16, 2009
Secretary of State

Entity Name: MAITLAND HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

840 LAKE LILY DR.
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 941001
MAITLAND, FL 327941001 US

New Mailing Address:

FEI Number: 59-1710129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, ANDREA B
609 VENEER DR.
ALTAMONTE SPRINGS, FL 32714 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: MS. () Delete
Name: LAPP, KATHY
Address: 1215 DRUID RD.
City-St-Zip: MAITLAND, FL 32751

Title: MR. () Delete
Name: DEVANEY, DARRELL
Address: 238 NORTH GLENWOOD AVE
City-St-Zip: ORLANDO, FL 32803

Title: MR. () Delete
Name: HALLOCK, JUSTIN
Address: 12802 TAMPA OAKS BLVD
City-St-Zip: TAMPA, FL 33637

Title: MR. () Delete
Name: CULBERTSON, MICHAEL
Address: 2119 EAST NEW YORK AVE
City-St-Zip: DELAND, FL 32724 US

Title: MR. () Delete
Name: ALBU, JASON
Address: 1460 MINNESOTA AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: MR. () Delete
Name: BERGER, DOUGLAS
Address: 189 S. ORANGE AVE. STE. 800
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MS. (X) Change () Addition
Name: BLACKWELDER, ANITA
Address: 600 N. LAKE DESTINY DR.
City-St-Zip: MAITLAND, FL 32751

Title: MR. (X) Change () Addition
Name: CULBERTSON, MICHAEL
Address: 1560 ORANGE AVE. STE 300
City-St-Zip: WINTER PARK, FL 32789 US

Title: MS. (X) Change () Addition
Name: SEIDEL, VALERIE
Address: 341 N. MAITLAND AVE. STE. 100
City-St-Zip: MAITLAND, FL 32751

Title: MR. (X) Change () Addition
Name: KAVITCH, BILL
Address: 2290 LUCIEN WAY STE 400
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL CULBERTSON

PRES

02/16/2009

Electronic Signature of Signing Officer or Director

Date