

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY - 1 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719684 (3)

1. Corporation Name

MAITLAND ART ASSOCIATION, INC.

Principal Place of Business

231 W PACKWOOD AVE
MAITLAND FL 32751-5596

Mailing Address

231 W PACKWOOD AVE
MAITLAND FL 32751-5596

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/16/1970	3a. Date of Last Report 05/24/1994
4. FEI Number 59-1312244	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Zip

9. Name and Address of Current Registered Agent

SHEPP, JAMES G
231 W PACKWOOD AVE
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TVC	1.1 TITLE	Trustee/Chairman ☒ Change ☐ Addition
NAME	FOGLESONG, CAROL	1.2 NAME	
STREET ADDRESS	1750 CHIPPEWA TRAIL	1.3 STREET ADDRESS	
CITY, ST, ZIP	MAITLAND FL	1.4 CITY, ST, ZIP	
TITLE	TC	2.1 TITLE	Trustee/Past Chairman ☒ Change ☐ Addition
NAME	EGINTON, ROBERT M.	2.2 NAME	
STREET ADDRESS	40 MOREE LOOP #1	2.3 STREET ADDRESS	
CITY, ST, ZIP	WINTER SPRINGS FL	2.4 CITY, ST, ZIP	
TITLE	TAT	3.1 TITLE	Trustee/Treasurer ☒ Change ☐ Addition
NAME	MARLOWE, MICHAEL	3.2 NAME	
STREET ADDRESS	318 BRIARWOOD DR.	3.3 STREET ADDRESS	
CITY, ST, ZIP	WINTER PARK FL	3.4 CITY, ST, ZIP	
TITLE	TC	4.1 TITLE	Trustee/Second Vice-Chairman ☒ Change ☐ Addition
NAME	SWANN, JOEL	4.2 NAME	
STREET ADDRESS	471 SENECA TRAIL	4.3 STREET ADDRESS	
CITY, ST, ZIP	MAITLAND FL	4.4 CITY, ST, ZIP	
TITLE	TT	5.1 TITLE	Trustee/Secretary ☐ Change ☒ Addition
NAME	LEVINE, FRAN	5.2 NAME	Kitchens, Liz
STREET ADDRESS	8448 BROWNWOOD CT.	5.3 STREET ADDRESS	1670 Choctaw Trail
CITY, ST, ZIP	OVIEDO FL	5.4 CITY, ST, ZIP	Maitland, FL
TITLE	TVC	6.1 TITLE	Trustee/First Vice-Chairman ☒ Change ☐ Addition
NAME	DEPRINCE, GREG	6.2 NAME	
STREET ADDRESS	528 PARK NORTH CT	6.3 STREET ADDRESS	
CITY, ST, ZIP	WINTER PARK FL	6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carol Foglesong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol Foglesong, Chair, Board of Trustees

4/28/95

407/836-5534

Date

Telephone Number