

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

104

DOCUMENT # 719684

1. Entity 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

FILED

04 MAR 18 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03192004 No Chg-NP CR2E037 (10/03)

04

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1312244

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEPP, JAMES G
231 W PACKWOOD AVE
MAITLAND, FL 32751

**DO NOT WRITE
IN THIS SPACE**

600030966036

03/24/04--01016--018 **\$1.25

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CT
REEVES, STOCKTON
1491 MIZELL AVE
WINTER PARK, FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T1VC
HARPER, WALLACE G
756 ROSEMERE CIRCLE
ORLANDO, FL 328354422

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
TOWNSEND, BELINDA
3165 RIVER BRANCH CIRCLE
KISSIMMEE, FL 34741

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T2VC
COCKERELL, PRISCILLA
9163 GREAT HERON CIRCLE
ORLANDO, FL 32836

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TT
VAUGHN, RENAE
241 WOOD LAKE DRIVE
MAITLAND, FL 32751

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:

See attached

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8

2084



Division of Corporations

Annual Report

Page 1

Document Number

719684

Business Entity Name

MAITLAND ART ASSOCIATION, INC.

FEI Number

591312244

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

231 W PACKWOOD AVE

Suite, Apt. #, etc.

City, State

MAITLAND

FL

Zip Code & Country

327515596

Mailing Address

Address

231 W PACKWOOD AVE

Suite, Apt. #, etc.

City, State

MAITLAND

FL

Zip Code & Country

327515596

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name

SHEPP, JAMES G

Address

231 W PACKWOOD AVE

Suite, Apt. #, etc.

City, State

MAITLAND

FL

Zip Code & Country

32751

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

30 of 4



Division of Corporations

Annual Report

Page 2

Document Number

719684

Business Entity Name

MAITLAND ART ASSOCIATION, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

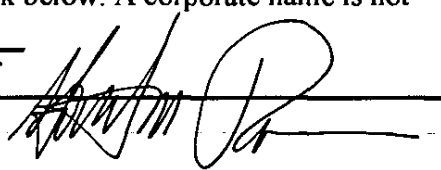
Title	CT		
Name (Last, First, Middle, Title)	REEVES	STOCKTON	
-or- Entity Name			
Street Address	1491 MIZELL AVE		
City, State	WINTER PARK	FL	
Zip Code & Country	32789		
Title	T1VC		
Name (Last, First, Middle, Title)	HARPER	WALLACE	G
-or- Entity Name			
Street Address	756 ROSEMERE CIRCLE		
City, State	ORLANDO	FL	
Zip Code & Country	328354422		
Title	TS		
Name (Last, First, Middle, Title)	TOWNSEND	BELINDA	
-or- Entity Name			
Street Address	3165 RIVER BRANCH CIRCLE		
City, State	KISSIMMEE	FL	
Zip Code & Country	34741		
Title	T2VC		
Name (Last, First, Middle, Title)	COCKERELL	PRISCILLA	
-or- Entity Name			
Street Address	9163 GREAT HERON CIRCLE		

40fy

City, State	ORLANDO	FL
Zip Code & Country	32836	
Title	TT	
Name (Last, First, Middle, Title)	VAUGHN	RENAE
-or- Entity Name		
Street Address	241 WOOD LAKE DRIVE	
City, State	MAITLAND	FL
Zip Code & Country	32751	
Title		
Name (Last, First, Middle, Title)		
-or- Entity Name		
Street Address		
City, State		
Zip Code & Country		

☒ List more than six Officers/Directors ☐ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title	CT
Officer/Director Signature	
<div>Continue</div> <div>Reset</div>	

Start Over

[Sunbiz Home Page](#)[Public Access Help](#)