

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90031 039 ****61.25

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1312244	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHEPP, JAMES G 231 W PACKWOOD AVE MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
Filing Fee is \$61.25 Due by May 1, 2005				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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 Vaughn, William H 518 West Hazel Street Orlando, FL 32804	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T1VC HARPER, WALLACE G 756 ROSEMERE CIRCLE ORLANDO, FL 328354422		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT 	
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 Torrence, Sherry 4453 -S Atlantic Ave. #501- Ponce Inlet, FL 32118	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T2VC COCKERELL, PRISCILLA 9163 GREAT HERON CIRCLE ORLANDO, FL 32836		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT VAUGHN, RENAE 241 WOOD LAKE DRIVE MAITLAND, FL 32751		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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>Wallace G. Harper</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Jan 7, 2005 407.297.1805 Date Daytime Phone #	

Wallace G. Harper, Chair, Board of Trustees