

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90396 041 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202006 Chg-NP CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reappointing)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TVC  
NAME VAUGHN, WILLIAM H  
STREET ADDRESS 518 WET HAZEL STREET  
CITY-ST-ZIP ORLANDO, FL 32804 ☐ Delete

TITLE T1VC  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T2VC  
NAME TORRENCE, SHERRY  
STREET ADDRESS 4453-S ATLANTIC AVE # 501  
CITY-ST-ZIP PONCE INLET, FL 32118 ☒ Delete

TITLE T2VC  
NAME Jennifer Calder  
STREET ADDRESS 1116 Lancaster Drive  
CITY-ST-ZIP Orlando, FL 32806 ☐ Change ☒ Addition

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

TITLE T Secretary  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Wallace G. Harper*

4/20/06 407.628.0462

Wallace G. Harper, Chair, Board of Trustees