2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT #719684** 03-12-2007 90102 046 ****61.25 MAITLAND ART ASSOCIATION, INC. Principal Place of Business Mailing Address 231 W PACKWOOD AVE 231 W PACKWOOD AVE MAITLAND, FL 32751-5596 MAITLAND, FL 32751-5596 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-1312244 Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEPP, JAMES G 231 W PACKWOOD AVE Street Address (P.O. Box Number is Not Acceptable) MAITLAND, FL 32751 City 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 .. Signstrure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TRVC Delete. TITLE VAUGHN, WILLIAM H NAME NAME Steven P Clawson 518 WET HAZEL STREET STREET ADDRESS STREET ADDRESS 2101 E Concord Street Orlando, FL 32803 CITY-ST-ZIP ORLANDO, FL. 32804 CITY-ST-ZIP TIRE ☐ Delete TITLE Addition NAME HARPER, WALLACE G NAME 750 ROSEMERE CIRCLE 223 E Canton Avenue STREET ADDRESS STREET ADDRESS CITY-ST-7P QRLANDO, Ft. 328354422-CITY+ST-ZIP Winter Park, FL 32789-3844 T2VC TITLE Delete TITLE Change Addition NAME CALDER, JENNIFER NAME Kimberly Mathis STREET ADDRESS 1116 LANCASTER DR STREET ADDRESS 2815 Norris Avenue CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-ZIP Winter Park, FL 32789 TITLE TS ☐ Delete TITLE ☐ Change ☐ Addition COCKERELL, PRISCILLA NAME NAME STREET ADDRESS 9163 GREAT HERON CIRCLE STREET ADDRESS CITY-ST-7IP ORLANDO, FL 32836 CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition VAUGHN, RENAE NAME STREET ADDRESS 241 WOOD LAKE DRIVE STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP TIRE ☐ Delete TITLE Change ☐ Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

FILED

2/16/07 407.628.0462

Mar 12, 2007 8:00 am

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: