FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 AM 8:15

DOCUMENT # 732877 (6)

1. Corporation Name

MAITLAND AREA INDEPENDENCE DAY CELEBRATION, INC.

Principal Place of Business	Mailing Address
TION, INC. 110 NORTH MAITLAND AVENUE MAITLAND FL 32751	TION, INC. 110 NORTH MAITLAND AVENUE MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/29/1975
3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-1706919 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip / Country 24 / 25	Zip / Country 29 / 30	8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STEPHENS, LESLIE
2130 DYAN WAY
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	11 TITLE	P	☐ Change ☐ Addition
NAME	JACKSON, MONIQUE	12 NAME	AUSTIN, ROBIN	
STREET ADDRESS	1039 S. HIAWASSEE RD. #2911	13 STREET ADDRESS	103 DONNA CIRCLE	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	SANFORD, FL 32773	
TITLE	P	21 TITLE	D	☐ Change ☒ Addition
NAME	QUINLAN, ROBERT J	22 NAME	BALLARD, CAROLE	
STREET ADDRESS	615 BURKE STREET	23 STREET ADDRESS	851 LAKE AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	24 CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	ST	31 TITLE	VP	☐ Change ☒ Addition
NAME	NELSON, JACK	32 NAME	GOEBELBECKER, MELISSA	
STREET ADDRESS	531 MANOR ROAD	33 STREET ADDRESS	2254 MILLTOWN WAY	
CITY-ST-ZIP	MAITLAND FL	34 CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	D	41 TITLE	T	☒ Change ☐ Addition
NAME	RAY, W. FRANK	42 NAME	NELSON, JACK E.	
STREET ADDRESS	2441 LAUDER DR.	43 STREET ADDRESS	531 MANOR ROAD	
CITY-ST-ZIP	MAITLAND FL	44 CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D	51 TITLE	D	☐ Change ☐ Addition
NAME	PEREZ, LYNWOOD	52 NAME	RAY, FRANK	
STREET ADDRESS	1120 ROLLINGWOOD TRAIL	53 STREET ADDRESS	2441 LAUDER DR.	
CITY-ST-ZIP	MAITLAND FL	54 CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	PE	61 TITLE	D	☐ Change ☒ Addition
NAME	AUSTIN, ROBIN	62 NAME	BALDWIN, ROBERT	
STREET ADDRESS	103 DONNA CIRCLE	63 STREET ADDRESS	1761 TONTO TRAIL	
CITY-ST-ZIP	SANFORD FL	64 CITY-ST-ZIP	MAITLAND, FL 32751	

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)(i), 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: Robin Austin 5/5/95 (407) 644-0741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003218