

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified  
05/29/1975

3a. Date of Last Report  
05/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1706919

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEPHENS, LESLIE  
2130 DYAN WAY  
MAITLAND FL 32751

81 Name

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

83 400001863064  
-06/17/96--01019--009

84 City

\*\*\*61.25

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	AUSTIN, ROBIN	
STREET ADDRESS	103 DONNA CIRCLE	
CITY - ST - ZIP	SANFORD FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	QUINLAN, ROBERT J	
STREET ADDRESS	615 BURKE STREET	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, JACK	
STREET ADDRESS	531 MANOR ROAD	
CITY - ST - ZIP	MAITLAND FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, JACK E	
STREET ADDRESS	531 MANOR RD	
CITY - ST - ZIP	MAITLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PEREZ, LYNWOOD	
STREET ADDRESS	1120 ROLLINGWOOD TRAIL	
CITY - ST - ZIP	MAITLAND FL	
TITLE	PE	<input type="checkbox"/> DELETE
NAME	AUSTIN, ROBIN	
STREET ADDRESS	103 DONNA CIRCLE	
CITY - ST - ZIP	SANFORD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jackson, Monique	
1.3 STREET ADDRESS	6709 Tottenham Court	
1.4 CITY - ST - ZIP	Orlando, FL 32818	
2.1 TITLE	PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Baldwin, Robert	
2.3 STREET ADDRESS	1761 Tonto Trail	
2.4 CITY - ST - ZIP	Maitland, FL 32751	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Leffin, Anthony	
3.3 STREET ADDRESS	829 Silversmith Circle	
3.4 CITY - ST - ZIP	Lake Mary, FL 32749	
4.1 TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Hall, Dalton	
4.3 STREET ADDRESS	819 Wayne Avenue	
4.4 CITY - ST - ZIP	Altamonte Springs, FL 32701	
5.1 TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Austin, Robin	
5.3 STREET ADDRESS	103 Donna Circle	
5.4 CITY - ST - ZIP	Sanford, FL 32773	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Garrett, Marcia	
6.3 STREET ADDRESS	10202 Stonebrook Drive	
6.4 CITY - ST - ZIP	Sanford, FL 32773	

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)(k), 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

Date

G-14-96

Daytime Phone #

CR2E037 (12/95)