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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **746247** **(6)**

1. Corporation Name

MAITLAND GARDEN CLUB, INCORPORATED

Principal Place of Business	Mailing Address
PO BOX 94-1224 MAITLAND FL 32794 US	PO BOX 94-1224 MAITLAND FL 32794 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1979
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-2017372 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HORN, MRS M A
747 N LAKE SYBELIA DR
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name: Vinci, E. Lee
82 Street Address (P.O. Box Numbers Not Acceptable): 1002 Pebble Beach Cir W
83 City: Winter Springs
84 FL 85 Zip Code: 32708

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: E. Lee Vinci (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 8 May 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☑ Change ☐ Addition D
NAME	SHELLEY JOAN	12 NAME	Thorn, Carrie
STREET ADDRESS	540 BOINTON RD	13 STREET ADDRESS	91 Harbour Dr.
CITY-ST-ZIP	MAITLAND FL	14 CITY-ST-ZIP	Longwood, Fl. 32750
TITLE	VD	21 TITLE	☑ Change ☐ Addition VD
NAME	LAWRENCE, ROSALIE	22 NAME	Katy Simons
STREET ADDRESS	349 N SPAULDING COVE	23 STREET ADDRESS	561 N. Lake Sybelia Dr.
CITY-ST-ZIP	LAKE MARY FL	24 CITY-ST-ZIP	Maitland Fl. 32751
TITLE	T	31 TITLE	☑ Change ☐ Addition T
NAME	HORN, MARGARET C	32 NAME	Vinci, E. Lee
STREET ADDRESS	747 N LAKE SYBELIA DR	33 STREET ADDRESS	1002 Pebble Beach Cir W.
CITY-ST-ZIP	MAITLAND FL	34 CITY-ST-ZIP	Winter Springs, Fl. 32708
TITLE	SD	41 TITLE	☐ Change ☐ Addition SD
NAME	PARKER IRENE	42 NAME	Parker Irene
STREET ADDRESS	450 BOINTON RD	43 STREET ADDRESS	450 Banton Rd.
CITY-ST-ZIP	MAITLAND FL	44 CITY-ST-ZIP	Maitland. Fl 32751
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 the 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: E. Lee Vinci 407-366-3187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

E. Lee Vinci

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