

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746247

FILED
Aug 23, 2005
Secretary of State

Entity Name: MAITLAND GARDEN CLUB, INCORPORATED

Current Principal Place of Business:

791 LAKE LILY DRIVE
MAITLAND, FL 32794 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 94-1224
MAITLAND, FL 32794 US

New Mailing Address:

FEI Number: 59-2017372 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THORN, CARRIE
961 HARBOUR DR
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THORN, CARRIE
Address: 961 HARBOUR DRIVE
City-St-Zip: LONGWOOD, FL 32750

Title: DVP () Delete
Name: FAIRBROTHER, LOIS
Address: 973 STONEWOOD LANE
City-St-Zip: MAITLAND, FL 32751

Title: P (X) Delete
Name: GINES, CINDY
Address: 201 MONROE AVE
City-St-Zip: MAITLAND, FL 32751

Title: T () Delete
Name: VINCI, LEE
Address: 1002 PEBBLE BEACH CIR W
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S () Delete
Name: HEILMAN, JOAN
Address: 791 SEQUOLA TRAIL
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: THORN, CARRIE
Address: 961 HARBOUR DRIVE
City-St-Zip: LONGWOOD, FL 32750

Title: DVP (X) Change () Addition
Name: SELLEY, JOAN
Address: 540 BOYNTON ROAD
City-St-Zip: MAITLAND, FL 32751

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARRIE THORN

P

08/23/2005

Electronic Signature of Signing Officer or Director

Date