

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90058 003 ****61.25

DOCUMENT # N30457

1. Entity Name
MARYWOOD, INC.



Principal Place of Business
1020 MONTGOMERY ROAD
ALTAMONTE SPRINGS, FL 32714

Mailing Address
1020 MONTGOMERY ROAD
ALTAMONTE SPRINGS, FL 32714

94037848



01192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2093177

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MORAN, THOMAS
1020 MONTGOMERY ROAD
ALTAMONTE SPRINGS, FL 32714

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP CAVERLY, J. 1020 MONTGOMERY ROAD ALTAMONTE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRINCE, THOMAS 1020 MONTGOMERY ROAD ALTAMONTE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD QUIGLEY, EDWARD 1830 STAFFORD SPRINGS BLVD. MT DORA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD BERT, JOSEPH 2813 JACANA COURT LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COOK, WIRT 2536 FOX SQUIRREL COURT APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OROSZ, WILLIAM 1817 WINGFIELD LONGWOOD, FL

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

U.P.

Date

Daytime Phone #

Wirt H. Cook **Wirt H. Cook** **3/25/04** **407-862-2292x10**