


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N30457 1. Entity Name MARYWOOD, INC.	
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01042005 No Chg-NP CR2E037 (10/03)

Principal Place of Business 1020 MONTGOMERY ROAD ALTAMONTE SPRINGS, FL 32714	Mailing Address 1020 MONTGOMERY ROAD ALTAMONTE SPRINGS, FL 32714
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2093177	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2005**

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

U000000222650
02/10/05-80010-002 61.25

**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)(f), 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:  Edward Quigley, ATD 2/4/05 407-862-2292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #