

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30457

FILED
Jul 06, 2006
Secretary of State

Entity Name: MARYWOOD, INC.

Current Principal Place of Business:

1020 MONTGOMERY ROAD
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

1020 MONTGOMERY ROAD
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-2093177 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:

Name and Address of New Registered Agent:

MORAN, THOMAS
1020 MONTGOMERY ROAD
ALTAMONTE SPRINGS, FL 32714 US

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: EVP () Delete
Name: CAVERLY, J.,
Address: 1020 MONTGOMERY ROAD
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: PD () Delete
Name: PRINCE, THOMAS,
Address: 1020 MONTGOMERY ROAD
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: ATD () Delete
Name: QUIGLEY, EDWARD,
Address: 1830 STAFFORD SPRINGS BLVD.
City-St-Zip: MT DORA, FL

Title: ASD () Delete
Name: BERT, JOSEPH,
Address: 2813 JACANA COURT
City-St-Zip: LONGWOOD, FL

Title: VPD () Delete
Name: COOK, WIRT,
Address: 2536 FOX SQUIRREL COURT
City-St-Zip: APOPKA, FL

Title: SD () Delete
Name: OROSZ, WILLIAM,
Address: 1817 WINGFIELD
City-St-Zip: LONGWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 Chapter 119, 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: EDWARD QUIGLEY

ATD

07/06/2006

Electronic Signature of Signing Officer or Director

Date