NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500004979

1. Corporation Name

MAHARLIKA SOCIETY OF FLORIDA, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

2022 CHELAM WAY **BRANDON FL 33511** 2022 CHELAM WAY BRANDON FL 33511

2a. Mailing Address

FILED Jul 12, 1999 8:00 am Secretary of State

07-12-1999 90016 026 ****61.25



3. Date Incorporated or Qualifed

10/17/1995

1		20							$\overline{}$	
Suite, Apt.	#, etc.	Suit	e, Apt. #, etc.				4. FEI Number		Арр	lied For
2	27						59-3358500			Applicable
City & Stat						· · · · · · · · · · · · · · · · · · ·	5. Certifcate of Status Desired		\$8.75 Ad Fee Req	
Zip	Country	Country Zip					6. Election Campaign Financing	_	\$5.00 N	lav Be
_ `	25	29		30	•		Trust Fund Contribution		Added to	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
	or Italia Bild Address of Oditor	r regions.		-	81	Name				
					\perp					
MCGOWAN, ROSITA B					82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
	ELAM WAY				83					
BRANDON	I FL 33511				83					<u> </u>
	**		•	- (84	City		-,	85 Zip Co	ode
			<u></u>					FL		<u> </u>
11. Pursuant	to the provisions of Sections 617.050	2 and 617.15	508, Florida Statui	tes, the ab	ove-	named corpo	pration submits this statement for the properties of directors. I hereby accept	urpose of ch the appointn	anging its r nent as reg	egistered istered
office of r	registered agent, or both, in the State im familiar with, and accept the obliga	tions of, Sec	tion 617.0503, Flo	rida Statu	ıtes.	ie corporatio	(13 pour or anoderer viscopy moorp			
SIGNATURE	• •									
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if appli	cable. (NOTE		Agent s	signature required		DATE	DIDECTOR	10 IN 40
12.	. OFFICERS AN	ID DIRECTO		13.			ADDITIONS/CHANGES TO OFFI			
MLE	D		□ DELETE	1.1 TIT	LE			1] Change	Addition
VAME	MCGOWAN, ROSITA B			1.2 NA	ME					
STREET ADDRESS	AGAA MILIEU AAA 148AN			1.3 ST	REETA	DDRESS				
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me	D		☐ DELETE	2.1 TIT	LE	D	•		Change	☐ Addition
VAME	SANTOS, CRISTINA			2.2 NA	ME	M	COWAN, THOMAS W.	·		
STREET ADDRESS		•		2.3 ST	REFTA	ADDRESS 20	SAL CHELAM WRU .			
	TAMPA FL 33647				TY-ST-	JIP BA	DAJ CHELAM WRY DANDON, FL 385//			
TTY-ST-ZIP	TAMPA FL 33047		☐ DELETE	3.1 111			07020.0) - 000		Change	Addition
mue i	DOVED MARK D			3.2 NA					_ •	
NAME .	BOYER, MARK D					NODRESS				
STREET ADDRESS	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						-		•	
XTY-ST-ZIP	LARGO FL 33773		☐ DELETE	_	TY-ST-	·ZIP		·—-	☐ Change	[] Addition
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TILE			☐ DELETE	5.1 TT				l	Change	☐ Addition
IAME				5.2 NA						
TREET ADDRESS				5,3 ST	REETA	ADDRESS				
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ITLE			☐ DELETE	6.1 TT	ιE			(Change	Addition Addition
JAME				6.2 NA	ME		•			٠.
TREET ADDRESS	·			6.3 ST	REETA	ADDRESS			•	

11. St-21. 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 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 this 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

ITY-ST-ZIP

Jul 6, 1999 (813) 653-3237