

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90016 033 ****70.00

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1. Entity Name

**NORTHLAND FOUNDATION FOR THE ARTS AND
EDUCATION, INC.**



Principal Place of Business

**530 DOG TRACK ROAD
LONGWOOD FL 32750**

Mailing Address

**530 DOG TRACK ROAD
LONGWOOD FL 32750**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3347016

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRACEY, TIMOTHY

**1111 ARDEN STREET
LONGWOOD FL 32750**

**2548 GRASSY POINT DR
UNIT 102
LAKE MARY, FL
32746**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RAINWATER, VERNON**
CITY ST-ZIP **1019 SAPLING DR.
WINTER SPRINGS FL 32708**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TRACEY, TIMOTHY**
CITY ST-ZIP **1111 ARDEN STREET
LONGWOOD FL 32750**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **DIR**
STREET ADDRESS **RAINWATER, VERNON**
CITY ST-ZIP **251 LAKERIDGE COURT
WINTER SPRINGS, FL 32708**

TITLE ☒ Change ☐ Addition
NAME **DIR**
STREET ADDRESS **TRACEY, TIMOTHY**
CITY ST-ZIP **2548 GRASSY POINT DRIVE UNIT 102
LAKE MARY, FL 32746**

TITLE ☐ Change ☒ Addition
NAME **OFFICER**
STREET ADDRESS **ED MAGGARD**
CITY ST-ZIP **265 BURGESS DR
WINTER SPRINGS, FL 32708**

TITLE ☐ Change ☒ Addition
NAME **OFFICER**
STREET ADDRESS **JIM MORRIS**
CITY ST-ZIP **211 VARSITY CIRCLE
ALTAMONTE SPRINGS, FL 32714**

TITLE ☐ Change ☒ Addition
NAME **OFFICER**
STREET ADDRESS **KIRK SQUIRES**
CITY ST-ZIP **1130 PALMER AVE
WINTER PARK, FL 32789**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

[Handwritten Signature]

2/7/07

407-949-4023