


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90055 012 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000001799**

1. Corporation Name

**THE MAITLAND MEN'S CLUB, INC.**

101704 - 90055 - 12

Principal Place of Business

P.O. BOX 947711  
MAITLAND FL 32794-7711  
US

Mailing Address

P.O. BOX 947711  
MAITLAND FL 32794-7711  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/28/1997
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3458005
24 Country	29 Country	Applied For
	30	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent

**SHURM, WILLIAM H**  
**670 NO ORLANDO AVE STE 101**  
**MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD SHURM, WILLIAM 1148 WINGED FOOT CIRCLE WEST WINTER SPRINGS FL 32708 CITY-ST-ZIP	1.1 TITLE	PD EDWARD W DOYLE Y33 PLICASANT DR LONGWOOD FL 32779	
NAME	VD NAGLEE, JACK F 324 NEEDLES COURT LONGWOOD FL 32750 CITY-ST-ZIP	1.2 NAME	SD BURRUSS, TOM 2453 CAROLTON ROAD MAITLAND FL 32751 CITY-ST-ZIP	
STREET ADDRESS	TD WASMUND, L S 4525 WILLA CREEK DRIVE #215 CASSELBERRY FL 32707 CITY-ST-ZIP	1.3 STREET ADDRESS	4.1 TITLE	118 GOSHAWK TERRACE WINTER SPRINGS FL 32708 CITY-ST-ZIP
CITY-ST-ZIP	D SPEER, HARRY 1140 SOUTH ORLANDO AVE. MAITLAND FL 32751 CITY-ST-ZIP	1.4 CITY-ST-ZIP	4.2 NAME	D WILLIAM R HUTCHESON YOSI THUNDERBIRD TRAIL MAITLAND FL 32751 CITY-ST-ZIP
	D GIBBS, MARSHALL A 1070 DRUID LANE MAITLAND FL 32751 CITY-ST-ZIP	2.1 TITLE	4.3 STREET ADDRESS	D WILLIAM T GIBBS 7000 SUNDBELLAND RD MAITLAND FL 32751 CITY-ST-ZIP
		2.2 NAME	4.4 CITY-ST-ZIP	
		2.3 STREET ADDRESS		
		2.4 CITY-ST-ZIP		
		3.1 TITLE		
		3.2 NAME		
		3.3 STREET ADDRESS		
		3.4 CITY-ST-ZIP		
		4.1 TITLE		
		4.2 NAME		
		4.3 STREET ADDRESS		
		4.4 CITY-ST-ZIP		
		5.1 TITLE		
		5.2 NAME		
		5.3 STREET ADDRESS		
		5.4 CITY-ST-ZIP		
		6.1 TITLE		
		6.2 NAME		
		6.3 STREET ADDRESS		
		6.4 CITY-ST-ZIP		

14. 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.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-99 407 896 0594

CR2E037 (1/98)