

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90103 007 ****61.25

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1. Entity Name
THE MAITLAND MEN'S CLUB, INC.



Principal Place of Business
P.O. BOX 947711
MAITLAND, FL 32794-7711 US

Mailing Address
P.O. BOX 947711
MAITLAND, FL 32794-7711 US

50025694



02172005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3458005

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WASMUND, SCOTT
118 GOSHAWK TERRACE
WINTER SPRINGS, FL 32708

7. Name and Address of New Registered Agent

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 reinstating)

DATE

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

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	PD	<input type="checkbox"/> Delete
NAME	DOWDEN, JIM	
STREET ADDRESS	1031 VIA MERANO CT	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NAGLEE, JACK F	
STREET ADDRESS	324 NEEDLES COURT	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WASMUND, L S	
STREET ADDRESS	118 GOSHAWK TERR	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ATWILL, GARY	
STREET ADDRESS	3819 MCKINNON RD	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAO SIEBERT	
STREET ADDRESS	5067 STRATHEBYER DR	
CITY-ST-ZIP	CASSELBERRY FL 32717	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEN VERDERY	
STREET ADDRESS	1874 BRISTOL COURT	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIP VOORHEES	
STREET ADDRESS	901 PACE AVE	
CITY-ST-ZIP	MAITLAND FL 32751	

12. 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 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:

Scott Wassmund **SCOTT WASMUND**

3-9-05

Date

407-362-1480

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR