


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000006053 1. Entity Name THE MAITLAND LIONS FOUNDATION, INC.	
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Principal Place of Business 549 WYMORE RD NORTH STE 109 MAITLAND, FL 32751	Mailing Address 549 WYMORE RD NORTH STE 109 MAITLAND, FL 32751
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01272004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3478058	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JEFFERY, ICARDI
549 WYMORE NORTH STE 109
MAITLAND, FL 32751

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

000000034550
02/05/04-80088-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SHAFFER, PHYLLIS 2932 NICHOLAS LANE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOZUMPLIK, FRANK 1140 WILLOWBROOK TR MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARNES, CHARLES 1553 MAYFLOWER CT WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITAKER, JIM 1109 TURNER RD WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MAGGIACOMO, HENRY 1780 TONTO TRAIL MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry Maggiacomo HENRY MAGGIACOMO

Date

1/29/04

Daytime Phone #

407-629-0351