2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 16, 2008 08:00 A Secretary of State

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1. Entity Name

THE MAITLAND LIONS FOUNDATION, INC.



Principal Place of Business

2180 W STATE RD 434

STE 6190 LONGWOOD, FL 32779 Mailing Address

2180 W STATE RD 434

STE 6190

LONGWOOD, FL 32779



DO'	NOT	WRITE	IN	THIS	SPACE
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01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number		Applied For
59-3478058	 	Not Applicable
5. Certificate of Status Desired	\$8.75	Additional

6. Name and Address of Current Registered Agent

	e. Name and Address of Current Registered Agent	→ · · ·					
2180 W S	EFFREY A TATE RD 434 ST 6190 OD, FL 32779	DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for the purpose of changing its registions of registered agent.	tered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept				
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable (NOTE Regis	tered Agent signature required when reinstating)	ent agnature required when reinstaung) DATE				
	Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Fin Trust Fund Contribution	\					
10.	OFFICERS AND DIRECTORS		<u> </u>				
TITLE NAME STREET ADDRESS CCTY-ST-ZIP	VD SHAFFER, PHYLLIS 2932 NICHOLAS LANE APOPKA, FL 32703		U00000786672··				
NAME STREET ADDRESS CITY-ST-ZIP	D KOZUMPLIK, FRANK 1140 WILLOWBROOK TR MAITLAND, FL 32751		01/17708-80051-004 61.25				
NAME STREET ADDRESS CITY-ST-ZIP	SD REDMOND, LARRY 206 BURGESS DR WINTER SPRINGS, FL 32766	DO	NOT WRITE				
NAME STREET ADDRESS CITY-ST-ZIP	D WHITAKER, JIM 1109 TURNER RD WINTER PARK, FL 32789	IN	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAGGIACOMO, HENRY 1780 TONTO TRAIL MAITLAND, FL 32751						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this tilling does not qualify for the exemptions contained in Chapter 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.

407-629-

SIGNATURE

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY MAGGIACOMO

11/08

0351

Daytime Phone #