

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

DOCUMENT # N97000006053

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



01082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent

ICARDI, JEFFREY A  
 2180 W STATE RD 434 ST 6190  
 LONGWOOD, FL 32779

**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 \$81.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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	SD REDMOND, LARRY 206 BURGESS DR WINTER SPRINGS, FL 32706
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	

01/17/08-80051-004 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: \_\_\_\_\_

*Henry Maggiacomo, TD*

Henry Maggiacomo

1/11/08

407-629-0351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #