

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001799

**Entity Name:** THE MAITLAND MEN'S CLUB, INC.**Current Principal Place of Business:**641 SOUTH MAITLAND AVENUE  
MAITLAND, FL 32751**Current Mailing Address:**P.O. BOX 947711  
MAITLAND, FL 32794-7711 US**FEI Number:** 59-3458005**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOFF, JOHN LESLIE  
1055 KENSINGTON PARK DRIVE  
309  
ALTAMONTE SPRINGS, FL 32714 US*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.***SIGNATURE:** JOHN LESLIE GOFF

01/29/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR	Title	DIRECTOR, PAST PRESIDENT
Name	ALDERS, BLAKE	Name	TOMLINSON, GREGORY
Address	105 OAKLEIGH DRIVE	Address	1741 TIPPICANOE TRAIL
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751
Title	DIRECTOR, PRESIDENT	Title	DIRECTOR
Name	SIEBERT, BRAD	Name	VALDES, IVAN
Address	203 FLAME AVENUE	Address	1121 CHARMING STREET
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751
Title	DIRECTOR, TREASURER	Title	DIRECTOR, SECRETARY
Name	GOFF, LESLIE	Name	TERAMAE, GARY
Address	1055 KENSINGTON PARK DRIVE, UNIT # 309	Address	115 LAKE DESTINY TRAIL
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32714
Title	DIRECTOR	Title	DIRECTOR
Name	DOYLE, EDWARD	Name	SHURM, WILLIAN
Address	2331 PLEASANT DRIVE	Address	1113 NORTHERN WAY
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	WINTER SPRINGS FL 32708

**Continues on page 2**

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LESLIE GOFF

TREASURER

01/29/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                ZIEGLER, CLARK  
Address             314 OAK PARK PLACE  
City-State-Zip:    CASSELBERRY FL 32707

Title                 DIRECTOR  
Name                MACMILLAN, ROBERT  
Address             1041 COTTONTAIL LANE  
City-State-Zip:    MAITLAND FL 32751