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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30414 (9)

1. Corporation Name

MOUNT DORA VILLAGE MERCHANTS & BUSINESS ASSOCIAT
ION, INC.

Principal Place of Business

Mailing Address

404 DONNELLY
P.O. BOX 378
MT. DORA FL 32757
US

404 DONNELLY
PO BOX 378
MT DORA FL 32757
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1989

3a. Date of Last Report

03/29/1994

4. FEI Number

59-2968075

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEANE, BILL
404 N. DONNELLY ST.
MT. DORA FL 32757

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

William P. Keane

(NOTE: Registered Agent signature required when re-registering)

4/24/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HANSEN, ARNOLD
STREET ADDRESS	116 ELYSIUM
CITY - ST - ZIP	MT. DORA FL
TITLE	D
NAME	PEARSON, ERMINE
STREET ADDRESS	403 N. DONNELLY ST.
CITY - ST - ZIP	MT. DORA FL
TITLE	D
NAME	ANDERSON, JIM
STREET ADDRESS	700 HELEN ST
CITY - ST - ZIP	MT. DORA FL
TITLE	D
NAME	RHODES, KEN
STREET ADDRESS	11111 NERADVIEW ST
CITY - ST - ZIP	MT. DORA FL
TITLE	D
NAME	KEANE, WILLIAM
STREET ADDRESS	404 DONNELLY ST.
CITY - ST - ZIP	MT. DORA FL
TITLE	D
NAME	WHEELER, DENNIS
STREET ADDRESS	899 E. 5TH AVE.
CITY - ST - ZIP	MT. DORA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	☒ Change ☐ Addition
12 NAME	Bennett, Linda	
13 STREET ADDRESS	725 Donnelly St	
14 CITY - ST - ZIP	MT. DORA, FL 32757	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☒ Change ☐ Addition
62 NAME	Clarissa O. Bryle	
63 STREET ADDRESS	52 N. Alexander St.	
64 CITY - ST - ZIP	MT. DORA FL 32757	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Linda P. Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

4/24/95

904 735-4663

(Date)

(Telephone Number)