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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N30414** **(9)**

1. Corporation Name

MOUNT DORA VILLAGE MERCHANTS & BUSINESS ASSOCIATION, 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 32757-0378 US

2. Principal Place of Business 21 352 N ALEXANDER ST	2a. Mailing Address 26 P.O BOX 378
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 MOUNT DORA FL
Zip / Country 24 / 25	Zip / Country 29 32756 / 30

3. Date Incorporated or Qualified 01/30/1989	3a. Date of Last Report 10/03/1996
4. FEI Number 59-2968075	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent

BRYIE, CLARISSA O
352 ALEXANDER ST.
MOUNT DORA FL 32757

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PAYNE, EDGAR		1.2 NAME		
STREET ADDRESS	322 ALEXANDER STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MT. DORA FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PEARSON, ERMYNE		2.2 NAME		
STREET ADDRESS	403 N. DONNELLY ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MT. DORA FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PRITT, BARBARA		3.2 NAME		
STREET ADDRESS	344 N. DONNELLY ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MT. DORA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RHODES, KEN		4.2 NAME		
STREET ADDRESS	11111 NERADVIEW ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	MT. DORA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☑ Change ☐ Addition
NAME	MIEKLESH, KAREN		5.2 NAME	MIKLESH, KAREN	
STREET ADDRESS	120 E. 4TH AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MT. DORA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BRYIE, CLARISSA O		6.2 NAME		
STREET ADDRESS	352 N. ALEXANDER STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	MT. DORA FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [illegible] 1-24-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0014267