

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90054 026 ****61.25

DOCUMENT # N30414 1. Entity Name MOUNT DORA VILLAGE MERCHANTS & BUSINESS ASSOCIATION, INC.					
Principal Place of Business 352 NORTH ALEXANDER STREET P.O. BOX 378 MT. DORA, FL 32757 US			Mailing Address P.O. BOX 378 MOUNT DORA, FL 32756 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2968075	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PRITT, BARBARA W 334 DONNELLY ST MOUNT DORA, FL 32757			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 <u><i>Barbara W. Pritt</i></u> 4-14-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIKLESH, LOU 120 E. FOURTH AV MOUNT DORA, FL 32757	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P George Gregory 525 N. Donnelly St Mount Dora, FL 32757	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KIUESENER, RICHARD 420 N DONNELLY ST MOUNT DORA, FL 32757	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lou miklesh 120 E Fourth Av Mount Dora, FL 32757	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, SUSAN 438 N. DONNELLY ST MT. DORA, FL 32757	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Brian E. Young 619 N. Tremain St Mount Dora, FL 32757	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, DAVID 347 E. 3RD AV MOUNT DORA, FL 32757	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLEE, CAROL 110 W. 3RD ST MOUNT DORA, FL 32757	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Barbara Pritt 334 N. Donnelly St Mount Dora, FL 32757	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAYNE, EDGAR 322 N. ALEXANDER ST MT. DORA, FL 32757	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sheila Tolpin 411 N. Donnelly St Mount Dora, FL 32757	☐ Change ☒ Addition
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: <u><i>Barbara W. Pritt</i></u> 4/15/08 352-735-1191 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					