

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR -9 AM 9:07**

**DOCUMENT # N33206 (6)**

1. Corporation Name

**MOUNT DORA SISTER CITIES ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

MOUNT DORA COMMUNITY BLDG  
501 BAKER ST.  
MOUNT DORA FL 32757  
US

PO BOX 1651  
MOUNT DORA FL 32757-1651  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/07/1989** 3a. Date of Last Report **04/13/1994**

4. FBI Number **59-3004051** 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**

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

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc.

26 Suits, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

25 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEARNS, WILLIAM I.**  
**1111 N. DONNELLY ST.**  
**MOUNT 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PAWSON, LESLIE R.
STREET ADDRESS	4130 LAKE FOREST
CITY-ST-ZIP	MOUNT DORA FL
TITLE	SD
NAME	WINTSCH, JUDY M.
STREET ADDRESS	831 FAIRVIEW AVENUE
CITY-ST-ZIP	MOUNT DORA FL
TITLE	TD
NAME	FORBES, ELIZABETH A.
STREET ADDRESS	100 SOUTH TREMAIN ST, E-3
CITY-ST-ZIP	MOUNT DORA FL
TITLE	VD
NAME	WAHL, RONALD R.
STREET ADDRESS	10830 VISTA VIEW LANE
CITY-ST-ZIP	MOUNT DORA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fuller, Thomas P.	
1.3 STREET ADDRESS	1046 McDonald Street	
1.4 CITY-ST-ZIP	Mount Dora, FL 32757	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Reese, Dorothy K.	
2.3 STREET ADDRESS	601 N. McDonald Street, #104	
2.4 CITY-ST-ZIP	Mount Dora, FL 32757	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or on an attachment with an address.

SIGNATURE *Elizabeth A. Forbes*

Elizabeth A. Forbes

3/3/95

(904) 383-4198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Optional Phone #)