

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified  
**07/07/1989**

3a. Date of Last Report  
**03/09/1995**

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

4. FEI Number  
**59-3004051**

Applied For  
Not Applicable

22. City & State

27. Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. City & State

28. City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24. Zip

25. Country

29. Zip

30. Country

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

STEARN, 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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FULLER, THOMAS P	
STREET ADDRESS	1046 MCDONALD STREET	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	REESE, DOROTHY K	
STREET ADDRESS	601 N MCDONALD STREET #104	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FORBES, ELIZABETH A.	
STREET ADDRESS	100 SOUTH TREMAIN ST, E-3	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WAHL, RONALD R.	
STREET ADDRESS	10830 VISTA VIEW LANE	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Edgar Payne	
1.3 STREET ADDRESS	213 W. 7th Avenue	
1.4 CITY-ST-ZIP	Mount Dora FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Eleanore B. Johnson	
2.3 STREET ADDRESS	2315 Westland Road	
2.4 CITY-ST-ZIP	Mount Dora FL	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Elizabeth A. Forbes	
3.3 STREET ADDRESS	100 S. Tremain St. E3	
3.4 CITY-ST-ZIP	Mount Dora FL	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Janet M. LaPointe	
4.3 STREET ADDRESS	1721 Cherry Lane	
4.4 CITY-ST-ZIP	Mount Dora FL	
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)(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:

*Janet M LaPointe* Janet M. LaPointe 4-20-96 904-735-0818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)