


FILE NOW: FILING FEE IS \$61.25

FILED  
May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 **07/07/1988** 3a. Date of Last Report **04/25/1996**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

4. FEI 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**STEARNS, WILLIAM I.  
1111 N. DONNELLY ST.  
MOUNT DORA FL 32757**

10. Name and Address of New Registered Agent  
81 Name **James L. Homich**  
82 Street Address (P.O. Box Number is Not Acceptable) **621 E. 5th Avenue**  
83  
84 City **Mount Dora** FL 85 Zip Code **32757**

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, or name if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD EDGAR PAYNE 213 W 7TH AVENUE MOUNT DORA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD ELEANORE B. JOHNSON 2315 WESTLAND RD. MOUNT DORA FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>Wanner Brown</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>550 Sand Lake Court</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Mount Dora FL 32757</b>
TITLE	SD ELIZABETH A. FORBES 100 S TREMAIN ST E3 MOUNT DORA FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>Eleanore B. Johnson</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>2315 Westland Road</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Mount Dora FL 32757</b>
TITLE	TD JANET M LAPOINTE 1721 CHERRY LANE MOUNT DORA FL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>Yvonne Hately</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>26019 Exmoon Drive</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Mount Plymouth FL 32776</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: **Edgar Payne, President** 4/25/97 352 363 8993  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014297

CR2E037 (9/96)