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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N33206

(6)

MOUNT DORA SISTER CITIES ASSOCIATION, INC.

Principal Place of Business MOUNT DORA COMMUNITY BLDG 501 BAKER ST. MOUNT DORA FL 32757 US 3. Date incorporated or Qualified 07/07/1989 3. Date incorporated or Qualified 07/07/07/1989 3. Date incorporated or Qualified 07/07/1989 3. Date incorporated or Qualified 07/07/1989 3. Date							
MOUNT DORA FL 32757 Same and Address of Current Registered Agent STEARN, WILLIAM I. 1111 N. DONNELLY ST. MOUNT DORA FL 32757 Same and Experiment of the provisions of Sections 617.0502 and 677,508, Florida Statutes, the aboven-amend corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Statutes and accept the Datagrion of Sections of Tourist I hereby accept the appointment as registered agent. I am lamiliar with, and accept the Datagrion of Sections of Tourist I hereby accept the appointment as registered agent. I am lamiliar with, and accept the Datagrion of Section 617.0503, Florida Statutes.	Principal Place of Business Mailing Address						HILL BURKT BEBEK BARKE BURKE BEBEK BEBE
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified O7/07/1989 2. Principal Place of Business 2. Mailing Address 3. Date of Lest Report O4/25/1988 2. Principal Place of Business 2. Applied For Not Applicable 3. Suite, Apt. #, etc 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7 Trust Fund Contribution 6. Added to Fees 7 Trust Fund Contribution 6. Added to Fees 7 Trust Fund Contribution 7 Added to Fees 7 No Added to Fees 7 No P. Name and Address of Current Registered Agent 7 Name 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 9 Name and Address of New Registered Agent 8. Name 9 Ame A. L. Homich 8. Street Address (P.O. Box Number is Not Acceptable) 8. This Donna FL 32757 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. This Donna FL 32757 8. Street Address (P.O. Box Number is Not Acceptable) 9 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 617.0502 and 637.7508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am lamiliar with, and accept the appointment as registered agent. I am lamiliar with, and accept the Objections of Section 617.0503, Florida Statutes.	501 BAKER ST	ī	MOUNT DORA FL 32757-	1651			
Suite, Apt. #, etc Suite, Apt. #, etc Suite, Apt. #, etc City & State Country Added to Fees Florida Statutes Format Address of Current Registered Agent STEARN, WILLIAM I. 1111 N. DONNELLY ST. MOUNT DORA FL 32757 B4 City Mount Dora FL 85 Zip Code 32757 11. Pursuant to the provisions of Sections 617.0502 and 617.1502 and 617.1502 and 617.1503. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the Dygalors of Section 617.0503, Florida Statutes.	I .	00			3. Date Incorporated or Qualified 07/07/1989	3a. Date of Lest Report 04/25/1996	
Suite, Apt. #, etc Suite, Apt. #, etc. Suite Additional Fee Required Suite Added to Fees Suite Added to Fees Suite Found Contribution Added to Fees Suite Found Statutes Suite Found Contribution Suite Found Contribution Added to Fees Suite Found Contribution Suite Fou	Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
27 City & State City & State City & State Country Zip					58-3004051		
Trust Fund Contribution Added to Fees Zip Country Zip 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 STEARN, WILLIAM I. 1111 N. DONNELLY ST. MOUNT DORA FL 32757 81 Name Game A Homich 82 Street Address (P.O. Box Number is Not Acceptable) 10. Name and Address of New Registered Agent 81 Name Game A Homich 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 617.0502 and 637, 508, 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 lamiliar with, and accept the obligations of Section 617.0503, Florida Statutes.		. #, etc				5. Certificate of Status Desired	4
Zip Country Zip Country S. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No 9. Name and Address of Current Registered Agent STEARN, WILLIAM I. 1111 N. DONNELLY ST. MOUNT DORA FL 32757 83 Sign Country Registered Agent 85 Street Address (P.O. Box Number is Not Acceptable) 66 Street Address (P.O. Box Number is Not Acceptable) 67 Street Address (P.O. Box Number is Not Acceptable) 68 Street Address (P.O. Box Number is Not Acceptable) 69 Street Address (P.O. Box Number is Not Acceptable) 60 Street Address (P.O. Box Number is Not Acceptable) 61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 Street Address (P.O. Box Number is Not Acceptable) 64 City 65 Street Address (P.O. Box Number is Not Acceptable) 66 Street Address (P.O. Box Number is Not Acceptable) 67 Street Address (P.O. Box Number is Not Acceptable) 68 Street Address (P.O. Box Number is Not Acceptable) 69 Street Address (P.O. Box Number is Not Acceptable) 60 Street Address (P.O. Box Number is Not Acceptable) 60 Street Address (P.O. Box Number is Not Acceptable) 61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 62 Street Address (P.O. Box Number is Not Acceptable) 63 Street Address (P.O. Box Number is Not Acceptable) 64 City 65 Street Address (P.O. Box Number is Not Acceptable) 66 Street Address (P.O. Box Number is Not Acceptable) 67 Street Address (P.O. Box Number is Not Acceptable) 68 Street Address (P.O. Box Number is Not Acceptable) 69 Street Address (P.O. Box Number is Not Acceptable) 60 Street Address (P.O. Box Number is Not Acceptable) 60 Street Address (P.O. Box Number is Not Acceptable) 61 Street Address (P.O. Box Number is Not Acceptable) 62 Street Address (P.O. Box Number is Not Acceptable) 63 Street Address (P.O. Box Number is Not Acceptable) 64 Street Address (P.O. Box Number is Not Acceptable) 65 Street Address (P.O. Box Number is Not Acceptable) 66 Street Address (P.O. Box Number is Not Acceptable) 67 Street Address (P.O. Box Number i		te	— '			· · ·	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 9 ame 1		Country	Zip	Coun	try	8. This corporation has liability for it	ntangible tax under s. 199.032,
STEARN, WILLIAM I. 1111 N. DONNELLY ST. MOUNT DORA FL 32757 82 Street Address (P.O. Box Number is Not Acceptable) 12 Street Address (P.O. Box Number is Not Acceptable) 13 Street Address (P.O. Box Number is Not Acceptable) 14 City 15 City 16 City 17 Ount Dona 18 Zip Code 32757 19 Street Address (P.O. Box Number is Not Acceptable) 19 Street Address (P.O. Box Number is Not Acceptable) 10 Street Address (P.O. Box Number is Not Acceptable) 11 Pursuant to the provisions of Sections 617.0502 and 617.0503 and 617	24			30			
STEARN, WILLIAM I. 1111 N. DONNELLY ST. MOUNT DORA FL 32757 83 Street Address (P.O. Box Number is Not Acceptable) 62 / E. 5 th Avenue 84 City Mount Dona FL 85 Zip Code 32757 11. Pursuant to the provisions of Sections 617.0502 and 677,0508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Todde Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am lamiliar with, and accept the obligations of Section 617.0503, Florida Statutes.		9. Name and Address of Curren	t Registered Agent		Nome	10. Name and Address of New Re	gistered Agent
1111 N. DONNELLY ST. MOUNT DORA FL 32757 B4 City Mount Dona FL 85 Zip Code 32757 11. Pursuant to the provisions of Sections 617.0502 and 677.008, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Torida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am lamiliar with, and accept the obligations of Section 617.0503, Florida Statutes.							
MOUNT DORA FL 32757 83 84 City Mount Dona FL 85 Zip Code 32757 11. Pursuant to the provisions of Sections 617.0502 and 677.0508. 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 lamiliar with, and accept the obligations of Section 617.0503, Florida Statutes.				[1	\$treet A		
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	11. Pursuant office or	to the provisions of Sections 617.050 registered agent, or both, in the State	2 and 677, 508, Florida Statu of Florida, Such change was	ites, the ab- authorized	ove-named by the corp	corporation submits this statement for the procession's board of directors. I hereby acceptions	urpose of changing its registered the appointment as registered
		ari ramijiar with, and accept the outing	auditi de Secilori 817.0003, r	igrica state	100.		
Signature typed or printed name of recipiered agent in this is explosed to (NOTE: Registered Agent signature required when reinstating) DATE	SIGNATURE			TE: Registered	Agent signature		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						ADDITIONS/CHANGES TO OFFIC	
TILE PD DELETE 1.1 TITLE Change Addition	,	1	☐ DETE LE		i i		L_F Change L_I Addition
ALO METALLIA PALLIA							
STREET ADDRESS CITY-ST-7IP MOUNT DORA FL 1.3 STREET ADDRESS 1.4 CITY-ST-7IP							
TITLE VD DELETE 2.1 TITLE VD Addition		A	DELETE			מע	Change Addition
NAME ELEANORE B. JOHNSON 22 NAME Warner Brown	NAME	ELEANORE B. JOHNSON		2.2 NA	4E		
STREET ADDRESS 2315 WESTLAND RD. 23 STREET ADDRESS 550 Sand Lake Count	STREET ADDRESS			2.3 STF	EET ADDRESS	550 Sand Lake Coul	rt l
CITY-ST-ZIP MOUNT DORA FL 2.4 CITY-ST-ZIP Mount Dora FL 32757	CITY-ST-ZIP			2. 4 Cf1	Y-ST-ZIP	Mount Dora FL 327	757
TITLE SD L DELETE S, 1 TITLE SD MAJ Change L Addition	TITLE		☐ DELETE	3.1 1111	.E	SD	Change Addition
NAME ELIZABETH A. FORBES 3.2 NAME ELeanone B. Johnson	NAME		+	3.2 NAJ	Æ i	Eleanone B. Johnso	on
STREET ADDRESS 100 INCEMAIN ST ES 23/5 Westland Road	,					2315 Westland Road	ł
			T DELETE			<u> Agunt Dona FL 327</u>	757 Ki Change Addition
	!					1 V 11	ET Owningo ET ANGUIOU
NAME JANET M LAPOINTE 4.2 NAME Yvonne Hately STREET ADDRESS 260/9 Exmagn Drive	\			1		Yvonne matery	_
STREET ADDRESS 1721 CHERRY LANE CHY-SI-ZIP MOUNT DORA FL 1721 CHERRY LANE 43 STREET ADDRESS 260/9 Exmoon Drive 4.4 CHY-SI-ZIP Mount Plymouth FL 32726 TITLE DELETE 5.1 TITLE	ļ.					Manual Dinamal El	22226
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STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS			6.3 STF	EET ADDRESS		
CITY-S1-ZIP 6.4 CITY-S1-ZIP 14. 1 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 eath; that I am an officer or director of the corporation or the receiver or rustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed, or on an attachment with an address.

SIGNATURE

ATURE AND WED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/25/90 Date

353 363 8993 Daytime Phone # 0014297

FILED

May 08 1997 8:00am

Secretary of State