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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33206 (6)
 1. Corporation Name
MOUNT DORA SISTER CITIES ASSOCIATION, INC.

Principal Place of Business MOUNT DORA COMMUNITY BLDG 501 BAKER ST. MOUNT DORA FL 32757 US	Mailing Address PO BOX 1651 MOUNT DORA FL 32757-1651 US
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3. Date Incorporated or Qualified 07/07/1989	
4. FEI Number 59-3004051	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**HOMCH, JAMES L
 621 E. 5TH AVE.
 MOUNT DORA FL 32757**

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EDGAR PAYNE	
STREET ADDRESS	213 W 7TH AVENUE	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BROWN, WARREN	
STREET ADDRESS	550 SAND LAKE COURT	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JOHNSON, ELEANORE B	
STREET ADDRESS	2315 WESTLAND RD	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HATELY, YVONNE	
STREET ADDRESS	26019 EXMOON DRIVE	
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		

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	R. Warner Brown	
1.3 STREET ADDRESS	550 Sand Lake Court	
1.4 CITY-ST-ZIP	Mount Dora, FL 32757	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ted Benedict	
2.3 STREET ADDRESS	1755 Sylvan Point Drive	
2.4 CITY-ST-ZIP	Mount Dora, FL 32757	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Carol B. Fuller	
3.3 STREET ADDRESS	1046 McDonald Street	
3.4 CITY-ST-ZIP	Mount Dora, FL 32757	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Elizabeth A. Forbes	
4.3 STREET ADDRESS	100 S. Tremain Street, E-3	
4.4 CITY-ST-ZIP	Mount Dora, FL 32757	
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 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: *R. Warner Brown* President April 24, 1998 (352) 383-6915

CR2E037 (10/97)