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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N33206

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 32756-651
 US

457000-90073-13



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/07/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3004051

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

24

25

29 32756-1651 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOMICH, JAMES L
 621 E. 5TH AVE.
 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 **VD** DELETE
 NAME **BENEDICT, TED**
 STREET ADDRESS **1755 SYLVAN POINT DR**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **PD** DELETE
 NAME **BROWN, WARNER R**
 STREET ADDRESS **550 SAND LAKE COURT**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

2.1 TITLE Change Addition
 2.2 NAME **Wareing, Charles F., Sr.**
 2.3 STREET ADDRESS **101 N. Grandview Street, #307**
 2.4 CITY-ST-ZIP **Mount Dora, FL 32757**

TITLE **SD** DELETE
 NAME **FULLER, CAROL B**
 STREET ADDRESS **1046 MCDONALD ST**
 CITY-ST-ZIP **MT DORA FL 32757**

3.1 TITLE Change Addition
 3.2 NAME **Atkinson, June M.**
 3.3 STREET ADDRESS **659 George Court**
 3.4 CITY-ST-ZIP **Mount Dora, FL 32757**

TITLE **TD** DELETE
 NAME **FORBES, ELIZABETH A**
 STREET ADDRESS **100 S TREMAIN ST. E-3**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

Charles F. Wareing, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 1999 (352)3383-2313

Date

Daytime Phone #

CR2E037 (1/98)