


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N33206
 1. Entity Name
MOUNT DORA SISTER CITIES ASSOCIATION, INC.



Principal Place of Business Mailing Address
MOUNT DORA COMMUNITY BLDG **PO BOX 1651**
510 BAKER ST. **MOUNT DORA, FL 32756-1651 US**
MOUNT DORA, FL 32757 US



01102005 No Chg-NP CR2E037 (10/03)

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4. FEI Number Applied For
59-3004051 Not Applicable

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

6. Name and Address of Current Registered Agent
HOMICH, JAMES L
821 E. 5TH AVE.
MOUNT DORA, FL 32757

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2005

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

00000255105
 03/07/05-80100-012 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAREK, REBECCA 21822 THIRD AVE. MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEARING, WILLIAM 1528 NORMANDY DRIVE MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENEDICT, MARJORIE 1755 SYLVAN POINT DRIVE MOUNT DORA, FL 327572510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FORBES, ELIZABETH A 100 SOUTH TREMAIN STREET E-3 MOUNT DORA, FL 327576050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth A. Forbes Treasurer February 28, 2005 (352) 383-4198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #