

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**May 12, 2007**  
**Secretary of State**

DOCUMENT# N33206

**Entity Name:** MOUNT DORA SISTER CITIES ASSOCIATION, INC.

**Current Principal Place of Business:**

MOUNT DORA COMMUNITY BLDG  
510 BAKER ST.  
MOUNT DORA, FL 32757 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1651  
MOUNT DORA, FL 327561651 US

**New Mailing Address:**

**FEI Number:** 59-3004051      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOMICH, JAMES L  
621 E. 5TH AVE.  
MOUNT DORA, FL 32757 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GEARING, WILLIAM  
Address: 31530 ALANE CT  
City-St-Zip: TAVARES, FL 32778

Title: SD ( ) Delete  
Name: FORBES, ELIZABETH A  
Address: 100 SOUTH TREMAIN STREET E-3  
City-St-Zip: MOUNT DORA, FL 327576050

Title: VD ( ) Delete  
Name: WOOD, BARRY  
Address: POB 1544  
City-St-Zip: MOUNT DORA, FL 327561544

Title: TD ( ) Delete  
Name: GEARING, BRENDA L  
Address: 31530 ALANE CT  
City-St-Zip: TAVARES, FL 32778

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: WARMACK, BARBARA  
Address: 1054 E. 5TH AVE.  
City-St-Zip: MOUNT DORA, FL 32757

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM A. GEARING

PD

05/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date