

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33206

FILED
Apr 16, 2009
Secretary of State

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

Title: SD () Delete
Name: RINGER, JOAN L
Address: 625 HIGH POINT DR
City-St-Zip: MOUNT DORA, FL 32757

Title: TD () Delete
Name: FORBES, ELIZABETH A
Address: 100 SOUTH TREMAIN ST., E-3
City-St-Zip: MOUNT DORA, FL 32757

Title: PD () Delete
Name: WOOD, BARBARA K
Address: 2112 NORMANDY DRIVE
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: VALLELEY, JAMES
Address: 3720 DALE COURT
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: ELIZABETH A FORBES

DT

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date