

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33206

FILED  
Mar 24, 2011  
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: PD  
Name: GEARING, WILLIAM A  
Address: 31530 ALANE CT  
City-St-Zip: TAVARES, FL 32778

Title: SD  
Name: BULLOCK-PAGET, BRENDA  
Address: 501 OLD U.S. HIGHWAY 441, APT. C101  
City-St-Zip: MOUNT DORA, FL 32757

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

Title: TD  
Name: PEZZO, MARY T  
Address: P. O. BOX 397  
City-St-Zip: TANGERINE, FL 32777

I hereby 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 all other like empowered.

SIGNATURE: MARY T PEZZO

TREA

03/24/2011

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

\_\_\_\_\_  
Date