


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90025 002 \*\*\*\*61.25

0014352

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000005815**

1. Corporation Name  
**MOUNT DORA FRIENDS OF THE ENVIRONMENT, INC.**

454589 - 90025 - 2

Principal Place of Business P.O. BOX 1253 MOUNT DORA FL 32757	Mailing Address P.O. BOX 1253 MOUNT DORA FL 32757
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/28/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3327084
City & State 23	City & State 28	Applied For Not Applicable
Zip 24 32756-1253	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29 32756-1253	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**BURR, ANDREA**  
**408 N TREMAIN STREET**  
**MOUNT DORA FL 32757**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	YATSUK, JAMES E	
STREET ADDRESS	1395 INDIANA AVE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BURR, ANDREA L	
STREET ADDRESS	408 N. TREMAIN STREET	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HOMICH, DEBORAH	
STREET ADDRESS	28334 CHURCHILL SMITH LN	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HERNDON, PEARLE	
STREET ADDRESS	1545 HEIM RD	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SD
2.3 STREET ADDRESS	PULCINI, SYLVIA J.
2.4 CITY-ST-ZIP	225 E. 10TH AVENUE, D-2 MOUNT DORA, FL 32757
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD
3.3 STREET ADDRESS	FORBES, ELIZABETH A.
3.4 CITY-ST-ZIP	100 S. TREMAIN ST., E-3 MOUNT DORA, FL 32757
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Elizabeth A. Forbes* Elizabeth A. Forbes 4/26/99 (352) 383-4198  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)