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

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04-30-2007 90457 041 ****61.25

MOUNT DORA FRIENDS OF THE ENVIRONMENT, INC.

Principal Place of Business Malling Address P.O. BOX 1253 P.O. BOX 1253 40091484 MOUNT DORA, FL 32756-1253 MOUNT DORA, FL 32756-1253 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-3327084 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURR, ANDREA Street Address (P.O. Box Number is Not Acceptable) **408 N TREMAIN STREET** MOUNT DORA, FL 32757 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algorature required when reinstating) DATE Fiting Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE □ Delete TITLE Change Addition SHELLEY, DONNA S NAME NAME STREET ADDRESS **423 E 7TH AVENUE** STREET ADDRESS CITY-ST-ZIP MOUNT DORA, FL 32757 CITY-ST-ZIP SD TITLE Delete TITLE ☐ Change ☐ Addition BURR-YATSUK, ANDREA L NAME NAME STREET ADDRESS 206 EAST NINTH AVE. STREET ADDRESS CITY-ST-ZIP MOUNT DORA, FL 32757 CITY-ST-ZIP TD TITLE Delete TITLE ☐ Change ☐ Addition FORBES, ELIZABETH A NAME NAME STREET ADDRESS 100 S. TREMAIN ST. E-3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MOUNT DORA, FL 32757 TITS F ☐ Delete Change Addition TITLE RINGER, ROBERT K NAME NAME 625 HIGH POINT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MOUNT DORA, FL 32757 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. Elizabeth A Forbes

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR