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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004823 (7)

1. Corporation Name

MOUNT DORA SPRING FESTIVAL, INC.

Principal Place of Business	Mailing Address
~~140 WEST FIFTH AVENUE~~ MOUNT DORA FL ~~32757~~	P.O. BOX 712 MOUNT DORA FL 32756-0712

3. Date Incorporated or Qualified: 08/25/1997

4. FEI Number: 59-3467731 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 699 E. Fifth Ave	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Mount Dora, FL	28 City & State
24 Zip 32757 25 Country USA	29 Zip 30 Country

9. Name and Address of Current Registered Agent

BLAKE, BARRY
140 WEST FIFTH AVENUE
MOUNT DORA FL 32757

10. Name and Address of New Registered Agent

81 Name: Harlow Middleton
82 Street Address (P.O. Box Number is Not Acceptable): 699 E. Fifth Ave
83
84 City: Mount Dora FL 85 Zip Code: 32757

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: [signature] Harlow M. Middleton 8/5/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Dir/Treas	☒ Change ☐ Addition
NAME	BLAKE, BARRY		1.2 NAME	William Brooks	
STREET ADDRESS	140 WEST FIFTH AVENUE		1.3 STREET ADDRESS	118 W. Chesley Ave	
CITY-ST-ZIP	MOUNT DORA FL 32757		1.4 CITY-ST-ZIP	Eustis, FL 32726	
TITLE	D/Sec	☐ DELETE	2.1 TITLE	Sec	☐ Change ☐ Addition
NAME	BLAKE, RUTH		2.2 NAME		
STREET ADDRESS	140 WEST FIFTH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL 32757		2.4 CITY-ST-ZIP		
TITLE	D/~~DES~~	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HANSON, JENNIFER		3.2 NAME		
STREET ADDRESS	27603 S.R. 46		3.3 STREET ADDRESS		
CITY-ST-ZIP	SORRENTO FL 32776		3.4 CITY-ST-ZIP		
TITLE	D/VP	☐ DELETE	4.1 TITLE	700002631871	☐ Change ☐ Addition
NAME	MIDDLETON, HARLOW C		4.2 NAME	-08/04/98--01014--026	
STREET ADDRESS	699 EAST FIFTH AVENUE		4.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP	MOUNT DORA FL 32757		4.4 CITY-ST-ZIP		
TITLE	D/VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHALLERT, JON C		5.2 NAME		
STREET ADDRESS	32040 CHESTNUT LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SORRENTO FL 32776		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: [signature] Harlow M. Middleton Dir/Pres 8/5/98