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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004823

1. Corporation Name

MOUNT DORA SPRING FESTIVAL, INC.

Principal Place of Business

699 EAST FIFTH AVENUE
MOUNT DORA FL 32752

Mailing Address

P.O. BOX 712
MOUNT DORA FL 32756-0712



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

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

9. Name and Address of Current Registered Agent

MIDDLETON, MARION *HARLOW C.*
699 EAST FIFTH AVENUE
MOUNT DORA FL 32752

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **BROOKS, WILLIAM**
STREET ADDRESS **118 WEST CHESLEY AVENUE**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **DS** ☐ DELETE

NAME **BLAKE, RUTH**
STREET ADDRESS **140 WEST FIFTH AVENUE**
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **PD** ☐ DELETE

NAME **HANSON, JENNIFER**
STREET ADDRESS **27603 S.R. 46**
CITY-ST-ZIP **SORRENTO FL 32776**

TITLE **VPD** ☐ DELETE

NAME **MIDDLETON, HARLOW C**
STREET ADDRESS **699 EAST FIFTH AVENUE**
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **VPD** ☐ DELETE

NAME **SCHALLERT, JON C**
STREET ADDRESS **32040 CHESTNUT LANE**
CITY-ST-ZIP **SORRENTO FL 32776**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TREASURER** ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **Vice President** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **Secretary** ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Harlow C. Middleton Sec/Dir 1/14/99 352 3838105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)