## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000004823

FILED Jan 06, 2005 Secretary of State

Entity Name: MOUNT DORA FESTIVAL OF MUSIC AND LITERATURE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 699 EAST FIFTH AVENUE 699 EAST FIFTH AVENUE MOUNT DORA, FL 32752 MOUNT DORA, FL 32757 **Current Mailing Address: New Mailing Address:** P.O. BOX 712 MOUNT DORA, FL 327560712 FEI Number: 59-3467731 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MIDDLETON, HARLOW C MIDDLETON, HARLOW C 699 EAST FIFTH AVENUE 699 EAST FIFTH AVENUE US US MOUNT DORA, FL 32752 MOUNT DORA, FL 32757 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: HARLOW MIDDLETON 01/06/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete () Change () Addition HILL, DAVID Name: Name: 585 SENECA OAKS CIRCLE Address: Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: Title: () Delete Title: () Change () Addition DUNCAN, STEPHANIE Name: Name: Address: 456 W. 10TH AVENUE Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: Title: () Delete Title: () Change () Addition MIDDLETON, HARLOW C Name: Name: 699 EAST FIFTH AVENUE Address: Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: DAVIS, HARRIETT Name: Address: 939 PAGE LANE Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: Title: DVP () Delete Title: () Change () Addition FORBES, DOROTHY Name: Name: 15743 FAIRVIEW POINT Address: Address: City-St-Zip: TAVARRES, FL 32787 City-St-Zip: Title: () Delete Title: () Change () Addition PETTIT, SPENCER Name: Name: Address: 1098 LUCERNE DRIVE Address: MOUNT DORA, FL 32757 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEPHANIE DUNCAN DT 01/06/2005