2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2008 8:00 am Secretary of State

DOCUMENT # N9700004823 1. Entity Name MOUNT DORA FESTIVAL OF MUSIC AND LITERATURE, INC.				0	3-21-2008 9001	4 048 ****6	1.25	
1027 MCDONALD ST P.O		Mailing Address P.O. BOX 712 MOUNT DORA, FL 327	•		377	1 0 00 11 02 1010 1100 1	TIFEL EL TEEL	
2. Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	failing Address				*	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP CR	2E037 (12/06)		
City & State		City & State	City & State		31		oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and Ado	iress of New Registe	red Agent		
HOMELL MANOY			Name	Name				
	NANCY OANLD ST ORA, FL 32757		Street A	Street Address (P.O. Box Number is Not Acceptable)				
WOONID	OICA, I E 32/3/							
			City			FL Zip Cod	e	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office or	registered agent, or both, in	the State of Florida.	l am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable . (NOT)	E Registered Agent signal.	re required when reinstating)	D	DATE	—	
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008		mpaign Financing	\$5.00 May Be Added to Fees	Make o	heck payable tepartment of Si		
SIGNATURE	Filing Fee is \$61.25	9. Election Car Trust Fund C	mpaign Financing	\$5.00 May Be Added to Fees	Make o	heck payable te epartment of Si	tate	
10. TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2008 OFFICERS AND DID ETTER, ROBIN 520 W TENTH AVE	9. Election Car Trust Fund C	mpaign Financing Contribution. 11. IIILE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANG Oebbie Gan 2:5243 Pun	Make of Florida D ES TO OFFICERS AN O-Y Kin Cen	theck payable to epartment of Sind Directors in Change	tate	
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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.

SIGNATURE: Carol Description Diry Juan 3-18-08
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