#### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33206

Entity Name: MOUNT DORA SISTER CITIES ASSOCIATION, INC.

FILED
Apr 05, 2014
Secretary of State
CC2334751206

# **Current Principal Place of Business:**

MOUNT DORA SISTER CITIES ASSOCIATION %CITY OF MOUNT DORA 510 BAKER STREET

MOUNT DORA, FL 32757

### **Current Mailing Address:**

PO BOX 1651

MOUNT DORA, FL 32756-1651 US

FEI Number: 59-3004051 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

HOMICH, JAMES L 621 E. 5TH AVE.

MOUNT DORA, FL 32757 US

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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title PRESIDENT Title VP

NameBLUM, MARSHA CNameGEARING, BILLAddress1327 HILLTOP DRIVEAddressPO BOX 1651

City-State-Zip: MOUNT DORA FL 32757 City-State-Zip: MOUNT DORA FL 32756

Title **SECRETARY** Title **TREASURER** BENOIST, RITA M Name Name GIRONE, NICK Address 1209 HILLTOP DRIVE Address PO BOX 1651 MOUNT DORA FL 32757 City-State-Zip: City-State-Zip: MOUNT DORA FL 32756-1651

I hereby 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 all other like empowered.

SIGNATURE: MARSHA C BLUM PRESIDENT 04/05/2014