

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

**CORPORATION ANNUAL REPORT 1995**



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

**95 APR 19 AM 8:03**

**SECRETARY OF STATE TALLAHASSEE, FLORIDA**

**DOCUMENT # 725941 (9)**  
1. Corporation Name  
**MOUNT DORA AREA CHAMBER OF COMMERCE, INC.**

Principal Place of Business Mailing Address  
**341 ALEXANDER STREET PO BOX 198 MOUNT DORA FL 32757-0198**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/29/1973** 3a. Date of Last Report **02/17/1994**  
4. FEI Number **59-0360669** Applied For Not Applicable  
5. Certificate of Status Desired  **\$0.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**PINKERTON, RICHARD S.  
341 ALEXANDER ST.  
MOUNT DORA FL 32757**

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 607.0502 and 607.1508, 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 607.0505, 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 NAME STREET ADDRESS CITY-ST-ZIP  
TD WESTON, CLAIRE PO BOX 1731 NA MOUNT DORA FL  
PD ~~XXXXXXXXXX~~ PO BOX 1254 NA MOUNT DORA FL  
VP ~~PERFECTO BARBA II~~ 1666 NORTH DONNELLY ST MOUNT DORA FL 32757  
VP KEANE, WILLIAM 404 NORTH DONNELLY ST MOUNT DORA FL 32757  
VP HENSINGER, BETTY 2000 BRITT RD MOUNT DORA FL  
VP ~~XXXXXXXXXX~~ 714 DONNELLY ST MOUNT DORA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME SD Casey, Bill  
2.3 STREET ADDRESS 2559 Palmetto Rd  
2.4 CITY-ST-ZIP Mount Dora, FL. 32757  
3.1 TITLE  Change  Addition  
3.2 NAME PD Barba, Perfecto II  
3.3 STREET ADDRESS 1666 N. Donnelly St.  
3.4 CITY-ST-ZIP Mount Dora, FL. 32757  
4.1 TITLE  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 VP D White, Robert  
6.3 STREET ADDRESS 714 N. Donnelly St.  
6.4 CITY-ST-ZIP Mount Dora, FL. 32757

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Perfecto Barba II Perfecto Barba II 4/14/95 904/383-2165  
Signature and typed or printed name of signing officer or director Date (Area Phone #)