

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996-12-96 B-6859-C

DOCUMENT # **725941 (9)**

1. Corporation Name
MOUNT DORA AREA CHAMBER OF COMMERCE, INC.



Principal Place of Business: **341 ALEXANDER STREET PO BOX 196 MOUNT DORA FL 32757-0196**
Mailing Address: **341 ALEXANDER STREET PO BOX 196 MOUNT DORA FL 32757-0196**

3. Date Incorporated or Qualified: **03/29/1973**
3a. Date of Last Report: **04/19/1995**
4. FEI Number: **59-0900000 59-0369669**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Country: **29** Zip: **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: ~~MARGARET E. HENSINGER~~
82 Street Address (P.O. Box Number is Not Acceptable): **2600 BRITT ROAD**
83
84 City: **MOUNT DORA FL** 85 Zip Code: **32757**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: TD	NAME: WESTON, CLAIRE	1.1 TITLE: SD
STREET ADDRESS: PO BOX 1731 NA	CITY-ST-ZIP: MOUNT DORA FL	1.2 NAME: CAROL SIMPSON
		1.3 STREET ADDRESS: 441 DONNELLY STREET
		1.4 CITY-ST-ZIP: MOUNT DORA FL 32757
TITLE: SD	NAME: CASEY, BILL	2.1 TITLE: TD
STREET ADDRESS: 2559 PALMETTO RD	CITY-ST-ZIP: MOUNT DORA FL	2.2 NAME: MARGO MESSINA
		2.3 STREET ADDRESS: 18980 US HIGHWAY 441
		2.4 CITY-ST-ZIP: MOUNT DORA FL 32757
TITLE: PD	NAME: PERFECTO II, BARBA	3.1 TITLE: PD
STREET ADDRESS: 1666 NORTH DONNELLY ST	CITY-ST-ZIP: MOUNT DORA FL	3.2 NAME: BETTY HENSINGER
		3.3 STREET ADDRESS: 2600 BRITT ROAD
		3.4 CITY-ST-ZIP: MOUNT DORA FL 32757
TITLE: VP	NAME: KEANE, WILLIAM	4.1 TITLE: VP
STREET ADDRESS: 404 NORTH DONNELLY ST	CITY-ST-ZIP: MOUNT DORA FL 32757	4.2 NAME: GREG LEWIS
		4.3 STREET ADDRESS: 122 EAST MAIN STREET
		4.4 CITY-ST-ZIP: TAVARES FL 32778
TITLE: VP	NAME: HENSINGER, BETTY	5.1 TITLE:
STREET ADDRESS: 2600 BRITT RD	CITY-ST-ZIP: MOUNT DORA FL	5.2 NAME:
		5.3 STREET ADDRESS:
		5.4 CITY-ST-ZIP:
TITLE: VPD	NAME: WHITE, ROBERT	6.1 TITLE:
STREET ADDRESS: 714 DONNELLY ST	CITY-ST-ZIP: MOUNT DORA FL	6.2 NAME:
		6.3 STREET ADDRESS:
		6.4 CITY-ST-ZIP:

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 119.07(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:

Margaret E. Hensinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/96
Date

352/383-2165
Daytime Phone #

CR2E037 (12/95)