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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 7
1. Corporation Name

25941

(9)

MOUNT DORA AREA CHAMBER OF COMMERCE, INC.

41 ALEXAND	ce of Business ER STREET	Mailing Address 341 ALEXANDER STREET			8141 8161 4161 4161 8761 7 161 7 1 61
O BOX 196 IOUNT DORA FL 32757-0196		PO BOX 196 MOUNT DORA FL 32757-0196		3. Date Incorporated or Qualified 03/29/1973	3a. Date of Last Report 06/12/1996
2. Principal f	Place of Business	2a. Mailing Address		4. FEI Number 59-0369669	Applied For Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	CO 75 Additional
City & Sta	lte	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30	8. This corporation has liability for intal Florida Statutes	ingible tax under s. 199.032, res No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Regist	tered Agent
I1. Pursuan	t to the provisions of Sections 617.0 registered agent, or both, in the Sta am familiar with, and accept the obl	502 and 617.1508, Florida Statu te of Florida. Such change was igations of, Section 617.0503, F	83 84 City Ites, the above-named cauthorized by the corpolorida Statutes.	orporation submits this statement for the purp ration's board of directors. I hereby accept th	FL 85 Zip Code pose of changing its registered ne appointment as registered
SIGNATURE	Signature, typed or printed name of registered of				
16			TE: Registered Agent signature re		DATE
	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12
le Me	OFFICERS A SD CAROL SIMPSON 441 DONNELLY ST.		13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICER PD ROBERT D. WHITE PO BOX 95 C FIRST NATION	RS AND DIRECTORS IN 12 Change Addition
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

mount dora fl

Daniel Joseph HIDAVIOLE VOGAL

DELETE

5-/-97 (352) 383-350C

☐ Change

Addition

FILED

May 19 1997 8:00am

Secretary of State

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