

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725941** (9)  
1. Corporation Name

**MOUNT DORA AREA CHAMBER OF COMMERCE, INC.**



Principal Place of Business <b>341 ALEXANDER STREET PO BOX 196 MOUNT DORA FL 32757-0196</b>	Mailing Address <b>341 ALEXANDER STREET PO BOX 196 MOUNT DORA FL 32757-0196</b>
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3. Date Incorporated or Qualified <b>03/29/1973</b>	3a. Date of Last Report <b>06/12/1996</b>
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>59-0369669</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**MARGARET E. HENSINGER  
2800 BRITT ROAD  
MOUNT DORA FL 32757**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when relating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>SD</b>	<b>CAROL SIMPSON</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>ROBERT D. WHITE</b>
STREET ADDRESS	<b>441 DONNELLY ST.</b>	1.3 STREET ADDRESS	<b>PO BOX 95 C FIRST NATIONAL BANK)</b>
CITY-ST-ZIP	<b>MOUNT DORA FL</b>	1.4 CITY-ST-ZIP	<b>MOUNT DORA, FL</b>
TITLE <b>TD</b>	<b>MARGO MESSINA</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>CAROL SIMPSON</b>
STREET ADDRESS	<b>18980 US HWY. 441</b>	2.3 STREET ADDRESS	<b>441 Donnelly Street</b>
CITY-ST-ZIP	<b>MT. DORA FL</b>	2.4 CITY-ST-ZIP	<b>MOUNT DORA, FL</b>
TITLE <b>PD</b>	<b>BETTY HENSINGER</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>VPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>PATRICIA WHALEY</b>
STREET ADDRESS	<b>2600 BRITT RD.</b>	3.3 STREET ADDRESS	<b>40 COVE LAKE</b>
CITY-ST-ZIP	<b>MT. DORA FL</b>	3.4 CITY-ST-ZIP	<b>EUSTIS, FL</b>
TITLE <b>VP</b>	<b>GREG LEWIS</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>GREG GRUETZMACHER</b>
STREET ADDRESS	<b>122 E. MAIN ST.</b>	4.3 STREET ADDRESS	<b>1608L CLASSIQUE LAKE</b>
CITY-ST-ZIP	<b>TAVERES FL</b>	4.4 CITY-ST-ZIP	<b>TAVERES, FL</b>
TITLE <b>VPD</b>	<b>WHITE, ROBERT</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>JEAN HOAGLAND</b>
STREET ADDRESS	<b>714 DONNELLY ST</b>	5.3 STREET ADDRESS	<b>601 Mc DONALD STREET, # 109</b>
CITY-ST-ZIP	<b>MOUNT DORA FL</b>	5.4 CITY-ST-ZIP	<b>MOUNT DORA, FL</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: David C Logan **DAVID C. LOGAN** 5-1-97 (352) 383-3500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014265

CR2E037 (9/96)