


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Worthing Secretary of State DIVISION OF CORPORATIONS
---	---	--

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		
4. FEI Number 59-0369669	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

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 MARGO MESSINA 82 Street Address (P.O. Box Number is Not Acceptable) 3200 HWY 44B 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 *Margo Messina* **MARGO MESSINA** 3-20-98
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 NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, ROBERT D P O BOX 95 (FIRST NATIONAL BANK) MOUNT DORA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SIMPSON, CAROL 441 DONNELLY ST MT. DORA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WHALEY, PATRICIA 40 COVE LN EUSTIS FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO GRUETZMACHER, GREG 15086 CLASSIQUE LN TAVARES FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOAGLAND, JEAN 601 MCDONALD ST #108 MOUNT DORA FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MESSINA, MARGO 3200 HWY 44B (NATIONS BANK) MOUNT DORA FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D WHITE, ROBERT D PO BOX 95 (FIRST NATIONAL BANK) (NA) MOUNT DORA FL 32756-0095	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP/D SIMPSON, CAROL 441 DONNELLY ST MOUNT DORA FL 32757	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VP/D WHALEY, PATRICIA 40 COVE LAND EUSTIS FL 32726	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	S/D GRUETZMACHER, GREG 15086 CLASSIQUE LANE TAVARES FL 32778	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	T/D HOAGLAND, JEAN 601 MCDONALD STREET #108 MOUNT DORA FL 32757	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	P/D MESSINA, MARGO 3200 HWY 44B MOUNT DORA FL 32757	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I 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: *Margo Messina* **MARGO MESSINA** 3-20-98 352-383-2165

CR2E037 (1097)