## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 725941**

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									

2. Principal Place of Business

Suite Ant # etc

Mailing Address

2a. Mailing Address

Suite Apt. #. etc.

26

341 ALEXANDER STREET PO BOX 196

MOUNT DORA FL 32757-0196

## FILED May 06, 1999 8:00 am § Secretary of State

05-06-1999 90271 004 \*\*\*\*61.25

LINE BLEE DEED HERE HERE DESIGNATION OF THE PERSON OF THE \* 5 1 1 2 511292 - 90271 - 4



Applied For

3. Date Incorporated or Qualifed

03/29/1973\_\_\_\_

4. FEI Number

City & State  City & State  Zip  Country  Extended Trust Fund Contribution  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name  JON  SCHALLERT  MESSINA, MARGO  3200 HWY 44B  MOUNT DORA FL 32757  84 City  SORRENTO  FL  85 Zip Code  32.776  86 STreet Address (P.O. Box Number is Not Acceptable)  32.776  87 SORRENTO  FL  88 STreet Address (P.O. Box Number is Not Acceptable)  SORRENTO  FL  88 STreet Address (P.O. Box Number is Not Acceptable)  SORRENTO  FL  87 Size Code  32.776  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 agent. I am familiar pitth, and accept the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar pitth, and accept the above-name of registered Agent submits this statement for the purpose of changing its registered agent. I am familiar pitth, and accept the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar pitth, and accept the appointment as registered agent. I am familiar pitth, and accept the appointment as registered Agent submits this statement for the purpose of changing its registered agent. I am familiar pitth, and accept the appointment as registered agent. I am familiar pitth, and accept the appointment as registered agent. I am familiar pitth, and accept the appointment as registered. (NOTE: Registered Agent submits this statement for the purpose of changing its registered agent. I am familiar pitth, and accept the appointment as registered. (NOTE: Registered Agent submits this statement for the purpose of changing its registered agent. I am familiar pitth, and accept the appointment as registered. (NOTE: Registered Agent submits this statement for the purpose of changing its registered a		,, 0.0.		, , , , , , , , , , , , , , , , , , , ,				ĺ	59-0369669		Not	Applicable
Secreticate of Status Design	22		27 City	P. State					00 000000			
Zip   Country   Zip   Country   S. Election Campaign Financing   Added to Pees	23	ę	<b>├</b> `	a State					5. Certificate of Status Desired		·	• • • • • • • • • • • • • • • • • • • •
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Name JON SCHALLERT  MESSNA, MARGO 320 HWY 448  MOUNT DORA FL 32757  13. City SORRENTO  14. Pursuant to the provisions of Sections 617,0502 and 617 1509. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or negistery dispert, or both, in the share changing its registered office or negistery dispert, or both, in the share changing its registered office or negistery dispert, or both, in the share changing its registered office or negistery dispert, or both, in the share changing its registered office or negistery disperts. In this share the share of the purpose of changing its registered office or negistery disperts. In this share the share of the purpose of changing its registered office or negistery dispersed of the corporation submits this statement for the purpose of changing its registered office or negistery dispersed of the corporation submits this statement for the purpose of changing its registered office or negistery dispersed of the corporation submits this statement for the purpose of changing its registered office or negistery dispersed of the corporation submits this statement for the purpose of changing its registered office or negistery dispersed of disclores. I hereby accept the approximate its registered office or negistery dispersed of disclores. I hereby accept the approximate its registered office or negistery dispersed of disclores. I hereby accept the approximate its registered office or negistery dispersed of disclores. I hereby accept the approximate its registered office or negistery dispersed of disclores. I hereby accept the approximate its registered office or negistery dispersed of disclores. I hereby accept the approximate its registered office or negistery dispersed of disclores. I hereby accept the approximate its registered office or negistery dispersed of disclores. I h		Country	Žip		Cour	ntry			6. Election Campaign Financing		\$5.00 N	lay Be
MESSINA, MARGO 3200 HWY 448 MOUNT DORA FL 32757    B2   Street Address, P O, Box Number is Not Acceptable)   320 40 CHESTNUT LANE	24	25	29	3	0				Trust Fund Contribution		Added to	Fees
MESSINA, MARGO 3200 HWY 448 MOUNT DORA FL 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 gent, or note, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent. I am familiar pithir, and accept the Selepaienee of-Section 617.0503, Florida Statuties, the above-named corporation submits this statement for the purpose of changing its registered office or registered pitch or registered of directors. I nereby accept the appointment as registered of directors. I nereby accept the appointment as registered of the corporation's board of directors. I nereby accept the appointment as registered of the corporation's board of directors. I nereby accept the appointment as registered of the corporation's board of directors. I nereby accept the appointment as registered of the corporation's board of directors. I nereby accept the appointment as registered of the corporation's board of directors. I nereby accept the appointment as registered of the corporation's board of directors. I nereby accept the appointment as registered of directors. I nereby accept the appointment as registered of directors. I nereby accept the appointment as registered of directors. I nereby accept the appointment as registered of directors. I nereby accept the appointment as registered of directors. I nereby accept the appointment as registered of directors. I nereby accept the appointment as registered of directors. I nereby accept the appointment as registered of directors. I nereby accept the appointment as registered of directors. I nereby accept the appointment as registered of directors. I nereby accept the appointment as registered of directors. I nereby accept the appointment as registered of directors. I nereby accept the appointment as registered of directors. I nereby accept the appointment as re		9. Name and Address of Current	Registered	Agent					10. Name and Address of New R	egistered A	gent	
MESSINA, MARGO 3200 HWY 44B  MOUNT DORA FL 32757  ### City SORRENTO FL 85 320 Code  ### City SORRENTO FL 85 320 Code  ### Addition to the proprison of Sections 617,0502 and 617,1508, Floridas Stabutes, the above-named corporation submits this statement for the purpose of changing the registered signers. I am familiar fibril, and aprobable of Brildae name at registered signers. I am familiar fibril, and aprobable of Brildae name at registered signers. I am familiar fibril, and aprobable of Brildae name at registered signers. I am familiar fibril, and aprobable of Brildae name at registered signers. I am familiar fibril, and aprobable of Brildae name at registered signers. I am familiar fibril, and aprobable of Brildae name at registered signers. I am familiar fibril, and aprobable of Brildae name at registered signers. I am familiar fibril, and aprobable of Brildae name at registered signers. I am familiar fibril, and aprobable of Brildae name at registered statutes. I am familiar fibril, and aprobable of Brildae name at registered statutes. I am familiar fibril, and aprobable of Brildae name at registered statutes. I am familiar fibril, and aprobable of Brildae name at registered statutes. I am familiar fibril, and aprobable of Brildae name at registered statutes. I am familiar fibriliar statutes at registered approach of Brildae name at registered approach and the corporation's board of directors. I hereby accept the appointment as registered approach and the corporation's board of directors. I hereby accept the appointment as registered approach and the corporation's board of directors. I hereby accept the appointment as registered approach and the corporation's board of directors. I hereby accept the appointment as registered approach and the corporation's board of directors. I hereby accept the appointment as registered approach and the corporation's board of directors. I hereby accept the appointment as registered and the corporation's board of directors. I hereby accept the appointment as registered and t						81	Name	JON	SCHALLERT			
3200 HWY 448	MESSINA MARGO									ble)		
## City SORRENTO   83   327.76    ## City SORRENTO   84   City SORRENTO   85   327.76    ## City Sorrent   85   85   85    ## City SORRENTO   85   85   85    ## City Sorrent   85   85   85    ## City Sorrent   85   85    ## City Sorrent   87   85   85    ## City Sorrent   8	·						3	3207	O CHESTNUT LANE			
Part   SORRENTO   FL   85   32776					ſ	83						
TI. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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, and the purpose of changing its registered agent agent. I am familiar furth, and accept the appointment as registered agent agent. I am familiar furth, and accept the appointment as registered agent					-	04	City			·	95 Zin Co	nde
office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's board or director's. In nerety accept time appointment as registered agent. I am familiar with, and accept the equipatione of Section 617.0503, Florida Statutes.  SIGNATURE    Supplied Space of British and accept the equipatione of Section 617.0503, Florida Statutes.   SIGNATURE   Supplied Space of British and applied the Personal Space of Sp						84	City	SORI	RENTO	FL	3277	6
office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's board or director's. In nerety accept time appointment as registered agent. I am familiar with, and accept the equipatione of Section 617.0503, Florida Statutes.  SIGNATURE    Supplied Space of British and accept the equipatione of Section 617.0503, Florida Statutes.   SIGNATURE   Supplied Space of British and applied the Personal Space of Sp	11. Pursuant	to the provisions of Sections 617.0502	and 617.15	08, Florida Statutes	, the at	ove-	named o	corpor	ation submits this statement for the	purpose of c	hanging its re	egistered
Signature   Sign	office or r	egistered abent, or both, in the State of	i Florida. Su	ch change was aut	nonzed	by tr	ne corpo	ration	's board of directors. I hereby accep	it trie appoint	ment as regi	siereo
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   14.11TILE   PD	•	The state of the s	201, 0001	3 TT .0000, T IOTE	01010	-	n n!	90	HALLEDT	4-2	1.99	
12. OFFICERS AND DIRECTORS  TITLE  PD  WHITE, ROBERT D  STREET ADDRESS  P.O. BOX 95 (FIST NATIONAL BANK)(NA)  CITY-ST-ZIP  MOUNT DORA FL 32756  TITLE  VPD  STREET ADDRESS  SIMPSON, CAROL  STREET ADDRESS  44 TD DONNELLY ST  CITY-ST-ZIP  MT. DORA FL 32757  TITLE  VPD  DELETE  STREET ADDRESS  44 TD DONNELLY ST  CITY-ST-ZIP  MT. DORA FL 32757  TITLE  VPD  DELETE  STREET ADDRESS  44 COVE LAND  STREET ADDRESS  STREET ADDRESS  TITLE  SD  DELETE  STREET ADDRESS  MT. DORA FL 32757  TITLE  SD  DELETE  STREET ADDRESS  GOT MCDONALD ST #108  GTY-ST-ZIP  MOUNT DORA FL 32757  Change  Addition  MOUNT DORA FL 32757  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LATITUE  PD  CHANGE  STREET ADDRESS  SD  JOHN KEENON  TOLD A FL 32757  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  STREET ADDRESS  SD  JOHN KEENON  TOLD A FL 32757  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS  TOLD A FL 32757  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS  TOLD A FL 32757  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS  TOLD A FL 32757  Change  Addition  ADDITIONS  TOLD A FL 32757  Change  ADDITIONS  TOLD A FL 32776	SIGNATURE	Signature, typed or printed name of registered agent?	Ind title if applica	able. (NOTE: R	egistered /			quired w	men reinstating)	DATE		
MAKE   WHITE, ROBERT D   12 NAME   JON SCHALLERT   32 OHESTNUT LANE	12.			<del></del>	13.				ADDITIONS/CHANGES TO OFF	ICERS AND		
STREET ADDRESS   CITY-ST-ZIP   MOUNT DORA FL 32756	TITLE	PD		☐ DELETE	1.1 TIT	LΕ		PD			Change	X Addition
MOUNT DORA FL 32756	NAME	WHITE, ROBERT D			1.2 NA	ME	1	JO	N SCHALLERT			
MOUNT DORA FL 32756	STREET ADDRESS						1.3 STREET ADDRESS 32		040 CHESTNUT LANE			
TITLE	CITY-ST-ZIP		,, ,		1.4 CIT	Y-ST-	ZIP	SO	RRENTO FL 32776			
SIMPSON, CAROL   22 NAME   3 STREET ADDRESS   441 DONNELLY ST   2.3 STREET ADDRESS   CITY-ST-ZIP   MT. DORA FL 32757   2.4 CITY-ST-ZIP   TITLE   VPD   DELETE   3.1 TITLE   VPD   DELETE   3.2 NAME   CITY-ST-ZIP   COVE LAND   DELETE   3.2 NAME   CITY-ST-ZIP   DELETE   3.2 NAME   CITY-ST-ZIP   DELETE   3.3 STREET ADDRESS   CITY-ST-ZIP   DELETE				XX DELETE	2.1 TIT	LE					Change	☐ Addition
STREET ADDRESS   441 DONNELLY ST   2.3 STREET ADDRESS   15086 CLASSIQUE LANE   TAVARES FL 32778   TITLE   VPD   DELETE   3.1 TITLE   VPD   DELETE   3.1 TITLE   VPD   DELETE   3.2 NAME   STREET ADDRESS   CITY-ST-ZIP   EUSTIS FL 32726   3.4 CITY-ST-ZIP   A.1 CITY-ST-ZIP   CITY-ST-Z	NAME	SIMPSON, CAROL			22 NA	ME		GRI	EG GRUETZMACHER			
CITY-ST-ZIP	STREET ADDRESS				2.3 STI	REETA	ADORESS					
TITLE	CITY-ST-ZIP	MT. DORA FL 32757			2.4 CI	TY-ST-	- ZIP		•			
NAME         WHALEY, PATRICIA         32 NAME         GREG MILLER           STREET ADDRESS         40 COVE LAND         33 STREET ADDRESS         18 990 US 441           CITY-ST-ZIP         MOUNT DORA FL 32757         Change MICHAEL           TITLE         SD         DELETE         4.1 TITLE           NAME         GRUETZMACHER, GREG         4.2 NAME         JOHN KEENON           STREET ADDRESS         TAVERES FL 32778         44 CITY-ST-ZIP         MOUNT DORA FL 32757           TITLE         TD         DELETE         5.1 TITLE         DRAME           STREET ADDRESS         601 MCDONALD ST #108         5.3 STREET ADDRESS         601 MCDONALD ST #108         5.3 STREET ADDRESS           CITY-ST-ZIP         MOUNT DORA FL 32757         5.4 CITY-ST-ZIP         PD         TChange Addition           NAME         MESSINA, MARGO         6.2 NAME         MARGO MESSINA           STREET ADDRESS         3200 HWY 448         6.3 STREET ADDRESS         3200 HWY 44B				☐ DELETE	3.1 TIT	LE					Change	XX Addition
STREET ADDRESS   40 COVE LAND   3.3 STREET ADDRESS   18990 US 441	NAME	WHALEY, PATRICIA			3.2 NA	ME.						
STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   DELETE   STATE   STA					3.3 ST	REET A	ADDRESS					
TITLE SD DELETE 4.1 TITLE SD JOHN KEENON NAME GRUETZMACHER, GREG STREET ADDRESS 15086 CLASSIQUE LN CITY-ST-ZIP TAVERES FL 32778  TO DELETE 5.1 TITLE TD DELETE 5.1 TITLE TD DELETE 5.2 NAME HOAGLAND, JEAN STREET ADDRESS 601 MCDONALD ST #108 CITY-ST-ZIP MOUNT DORA FL 32757  TITLE PD DELETE 6.1 TITLE PD MARGO MESSINA STREET ADDRESS 6.3 STREET ADDRESS 3200 HWY 448  MESSINA, MARGO STREET ADDRESS 3200 HWY 448	CITY-ST-ZIP				3.4. CI	TY-ST	-ZIP					<u> </u>
NAME   GRUETZMACHER, GREG   4.2 NAME   JOHN KEENON   JOH				☐ DELETE	4.1 TIT	LE.			ON L DOWN TH JETJI		Change	<b>X</b> Addition
15086 CLASSIQUE LN	NAME				4. 2 NA	ME			UN VEENON			
TAVERES FL 32778	STREET ADDRESS	· · · = · · · · · · · · · · · ·			4.3 Sπ	REET A	NODRESS					
TTLE         TD         DELETE         5.1 TITLE         Change         Addition           NAME         HOAGLAND, JEAN         5.2 NAME         5.2 NAME         5.3 STREET ADDRESS         5.3 STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         TITLE         PD         TChange         Addition           NAME         MESSINA, MARGO         6.1 TITLE         PD         TChange         Addition           NAME         MESSINA, MARGO         6.3 STREET ADDRESS         3 200 HWY 44B         44B         6.3 STREET ADDRESS         3 200 HWY 44B	CITY-ST-ZIP	· · · · • · · · · · · · · · · · · ·			4.4 CIT	Y-ST-	ZIP	МŊ	<u> </u>			
TITLE PD DELETE PD MESSINA, MARGO  STREET ADDRESS  AMOUNT DORA FL 32757  TITLE PD DELETE 6.1 TITLE PD MARGO MESSINA  STREET ADDRESS  STREET ADDRESS  3200 HWY 448  STREET ADDRESS  3200 HWY 448				☐ DELETE	5.1 TIT	LE					Change	Addition
STREET ADDRESS   601 MCDONALD ST #108   5.3 STREET ADDRESS   5.4 CTTY-ST-ZIP	NAME	HOAGLAND, JEAN			5.2 NA	ME						
CITY-ST-ZIP   MOUNT DORA FL 32757   5.4 CITY-ST-ZIP	STREET ADDRESS	1			5.3 ST	REET	ADDRESS					
TITLE PD DELETE 6.1 TITLE PD TACChange Addition  NAME MESSINA, MARGO STREET ADDRESS 3200 HWY 448  DELETE 6.1 TITLE PD TACCHANGE Addition  MARGO MESSINA 6.3 STREET ADDRESS 3200 HWY 44B					5.4 CIT	ry-st-	ZIP					
NAME MESSINA, MARGO STREET ADDRESS  NAME  MESSINA, MARGO MESSINA  6.3 STREET ADDRESS  3 200 HWY 44B				☐ DELETE	6.1 TIT	ιŧ		PD			Change	☐ Addition
STREET ADDRESS 3200 HWY 44B 6.3 STREET ADDRESS 3200 HWY 44B					6.2 NA	ME		MA	RGO MESSINA			
		- " "			6.3 ST	REET A	ADORESS					
					6.4 CIT	ry-st-	ZIP					

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, with all other like empowered.

SIGNATURE:

4-30-99 352-383-2165