

FILE NOW: FILING FEE IS \$61.25

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

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

0014369

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.

5 1 1 2 9 2 *
511292 - 90271 - 4

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/29/1973

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-0369669

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MESSINA, MARGO
3200 HWY 44B
MOUNT DORA FL 32757

81 Name JON SCHALLERT

82 Street Address (P.O. Box Number is Not Acceptable)
32040 CHESTNUT LANE

83

84 City SORRENTO

FL

85 Zip Code 32776

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 *Jon Schallert*
Signature, typed or printed name of registered agent and title if applicable.

JON SCHALLERT

4-30-99
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE

NAME WHITE, ROBERT D
STREET ADDRESS P.O. BOX 95 (FIST NATIONAL BANK)(NA)
CITY-ST-ZIP MOUNT DORA FL 32756

1.1 TITLE PD Change Addition

1.2 NAME JON SCHALLERT
1.3 STREET ADDRESS 32040 CHESTNUT LANE
1.4 CITY-ST-ZIP SORRENTO FL 32776

TITLE VPD DELETE

NAME SIMPSON, CAROL
STREET ADDRESS 441 DONNELLY ST
CITY-ST-ZIP MT. DORA FL 32757

2.1 TITLE VPD Change Addition

2.2 NAME GREG GRUETZMACHER
2.3 STREET ADDRESS 15086 CLASSIQUE LANE
2.4 CITY-ST-ZIP TAVARES FL 32778

TITLE VPD DELETE

NAME WHALEY, PATRICIA
STREET ADDRESS 40 COVE LAND
CITY-ST-ZIP EUSTIS FL 32726

3.1 TITLE VPD Change Addition

3.2 NAME GREG MILLER
3.3 STREET ADDRESS 18990 US 441
3.4 CITY-ST-ZIP MOUNT DORA FL 32757

TITLE SD DELETE

NAME GRUETZMACHER, GREG
STREET ADDRESS 15086 CLASSIQUE LN
CITY-ST-ZIP TAVARES FL 32778

4.1 TITLE SD Change Addition

4.2 NAME JOHN KEENON
4.3 STREET ADDRESS 7009 PINE HOLLOW
4.4 CITY-ST-ZIP MOUNT DORA FL 32757

TITLE TD DELETE

NAME HOAGLAND, JEAN
STREET ADDRESS 601 MCDONALD ST #108
CITY-ST-ZIP MOUNT DORA FL 32757

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE PD DELETE

NAME MESSINA, MARGO
STREET ADDRESS 3200 HWY 44B
CITY-ST-ZIP MOUNT DORA FL 32757

6.1 TITLE PD Change Addition

6.2 NAME MARGO MESSINA
6.3 STREET ADDRESS 3200 HWY 44B
6.4 CITY-ST-ZIP MOUNT DORA FL 32757

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, with all other like empowered.

SIGNATURE: *Jon Schallert* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99 352-383-2165
Date Daytime Phone #

CR2E037 (1/98)