

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725941

FILED  
May 01, 2007  
Secretary of State

Entity Name: MOUNT DORA AREA CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

341 ALEXANDER STREET  
MOUNT DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 196  
MOUNT DORA, FL 32756

**New Mailing Address:**

FEI Number: 59-0369669      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HOECHST, CATHERINE T  
341 ALEXANDER STREET  
MOUNT DORA, FL 32757      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VPD      ( ) Delete  
Name: MCEWEN, KEVIN  
Address: 18500 US HIGHWAY 441  
City-St-Zip: MOUNT DORA, FL 32757

Title: DT      ( ) Delete  
Name: BROOKS, BILL  
Address: 714 NORTH DONNELLY STREET  
City-St-Zip: MOUNT DORA, FL 32757

Title: PD      ( ) Delete  
Name: LIND, DALE  
Address: 250 BROOKFIELD AVENUE  
City-St-Zip: MOUNT DORA, FL 32757

Title: SD      ( ) Delete  
Name: WITTNEBERT, AL  
Address: 140 E. 4TH AVE  
City-St-Zip: MOUNT DORA, FL 32747

Title: D      ( ) Delete  
Name: PARADIS, DEBRA L  
Address: 4400 N. HWY 19A SUITE 6  
City-St-Zip: MOUNT DORA, FL 32757

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: PARADIS, DEBRA L  
Address: 3760 NORTH HIGHWAY 19A  
City-St-Zip: MOUNT DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE LIND

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

P

05/01/2007

\_\_\_\_\_ Date