

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725941

FILED
Apr 30, 2008
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 ()

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: 3760 NORTH HIGHWAY 19A
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCEWEN, KEVIN
Address: 18500 US HIGHWAY 441
City-St-Zip: MOUNT DORA, FL 32757

Title: SD (X) Change () Addition
Name: BROOKS, BILL
Address: 2072 PALMETTO ROAD
City-St-Zip: MOUNT DORA, FL 32756

Title: VPD (X) Change () Addition
Name: BERNDT, DAVID
Address: 135 EAST 4TH AVE
City-St-Zip: MOUNT DORA, FL 32757

Title: TD (X) Change () Addition
Name: WITTNEBERT, AL
Address: 140 E. 4TH AVE
City-St-Zip: MOUNT DORA, FL 32747

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

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: KEVIN MCEWEN

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date