

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725941

FILED
May 01, 2012
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
Name: LIND, DALE
Address: 250 BROOKFIELD AVE
City-St-Zip: MOUNT DORA, FL 32757

Title: SD
Name: JONES, JUDI P
Address: 3826 CACTUS LANE
City-St-Zip: MOUNT DORA, FL 32757

Title: PD
Name: BROWN, RANDY
Address: 301 NORTH BAKER STREET SUITE 208
City-St-Zip: MOUNT DORA, FL 32757

Title: TD
Name: KURTZ, ANDREW
Address: 714 N DONNELLY
City-St-Zip: MOUNT DORA, FL 32757

Title: D
Name: MARX, DON
Address: 4072 UNITED AVE
City-St-Zip: MOUNT DORA, FL 32757

Title: D
Name: DUNKEL, RICH
Address: 2314 HILLSIDE DRIVE
City-St-Zip: MOUNT DORA, FL 32757

I hereby 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 all other like empowered.

SIGNATURE: DALE LIND

VP

05/01/2012

Electronic Signature of Signing Officer or Director

Date