SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 19, 1994.
AMOUNT DUE ON OR BEFORE 8/19/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 AUG 11 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **743413** **(7)**

1. Corporation Name
MOUNT DORA HISTORICAL SOCIETY, INC.

Mailing Address	Principal Place of Business
1 ROYELLOU LANE	1 ROYELLOU LANE
P. O. BOX 1166	P. O. BOX 1166
MOUNT DORA FL 32757	MOUNT DORA FL 32757

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1978	3a. Date of Last Report: 06/10/1993
4. FEI Number: 59-1913908	Applied For / Not Applicable
5. Certificate of Status Desired: $8.75 Additional Fee Required ☐	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes ☐ Yes ☐ No	

2. Mailing Address	2a. Principal Place of Business
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TREMAIN, DOROTHY H. 148 W. 11TH AVE. MT. DORA FL 32757	81 Name: Shelton, Sandra G. 82 Street Address (P.O. Box Number is Not Acceptable): 1029 E 5th Ave 83: Mount Dora 84 City: FL 85 Zip Code: 32757

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE: Amelia H. Shelton
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D/P	11 TITLE	
12 NAME	REED, WILLIAM	12 NAME	
13 STREET ADDRESS	4115 LAKE FOREST RD.	13 STREET ADDRESS	
14 CITY-ST-ZIP	MOUNT DORA, FL 00000	14 CITY ST ZIP	
21 TITLE	D/V	21 TITLE	Bill West D/V
22 NAME	FITZMAURICE CHRISTINE MS	22 NAME	
23 STREET ADDRESS	1336 HEIM ROAD	23 STREET ADDRESS	647 Grandview St
24 CITY-ST-ZIP	MT DORA FL 32757	24 CITY ST ZIP	Mount Dora, Fl 32757
31 TITLE	D/T/A	31 TITLE	2nd D/V
32 NAME	TREMAIN, DOROTHY H.	32 NAME	Gail Hardley
33 STREET ADDRESS	148 W. 11TH AVE.	33 STREET ADDRESS	1208 Chestfield Ct
34 CITY ST ZIP	MOUNT DORA, FL 00000	34 CITY ST ZIP	Eustis FL 32726
41 TITLE	R/S	41 TITLE	Sandy Shelton D/T/A
42 NAME	BARWICK, CHRIS	42 NAME	
43 STREET ADDRESS	816 NO. CLAYTON ST.	43 STREET ADDRESS	1029 E. 5th Ave
44 CITY-ST-ZIP	MT. DORA FL	44 CITY ST ZIP	Mount Dora FL 32757
51 TITLE	C/S	51 TITLE	R/S
52 NAME	BREWER ELIZABETH	52 NAME	Elizabeth Brewer
53 STREET ADDRESS	525 N. TREMAIN ST., APT #301	53 STREET ADDRESS	3730 Branch Ave
54 CITY-ST-ZIP	MT. DORA FL 32757	54 CITY ST ZIP	Mount Dora, FL 32757
61 TITLE		61 TITLE	C/S
62 NAME		62 NAME	Nancy Reed
63 STREET ADDRESS		63 STREET ADDRESS	4115 Lake Forest
64 CITY ST ZIP		64 CITY ST ZIP	Mount Dora, FL 32757

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra H. Shelton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/94 904-735-1894
(Date) (Telephone Number)