

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **743413** (7)

1. Corporation Name

MOUNT DORA HISTORICAL SOCIETY, INC.



Principal Place of Business

Mailing Address

**4 ROYELLOU LANE
P. O. BOX 1166
MOUNT DORA FL 32757**

**4 ROYELLOU LANE
P. O. BOX 1166
MOUNT DORA FL 32757**

3. Date Incorporated or Qualified
06/28/1978

3a. Date of Last Report
03/06/1995

2. Principal Place of Business
21 2015 N. Donnelly St.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip **25 Country**

29 Zip **30 Country**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHELTON, SANDRA G
1029 E. 5TH AVE
MT. DORA FL 32757**

81 Name

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

83

84 City

MOUNT DORA

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	☒ DELETE
NAME	VEY, ERIC	
STREET ADDRESS	3411 N HWY 19A	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE	DP	☒ DELETE
NAME	WEST, BILL	
STREET ADDRESS	647 GRANDVIEW ST	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE	DV	☒ DELETE
NAME	HARDLEY, GAIL	
STREET ADDRESS	1208 CHESTFIELD CT	
CITY-ST-ZIP	DUSTIS FL	
TITLE	DTR	☒ DELETE
NAME	SHELTON, SANDY	
STREET ADDRESS	1029 E 5TH AVE	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE	RS	☒ DELETE
NAME	BREWER, ELIZABETH	
STREET ADDRESS	3730 BRANCH AVE	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE	CS	☒ DELETE
NAME	WEST, LUCRETIA	
STREET ADDRESS	647 GRANDVIEW	
CITY-ST-ZIP	MT DORA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	FELTS, DAVID H.	
1.3 STREET ADDRESS	703 N TREMAIN ST	
1.4 CITY-ST-ZIP	MOUNT DORA FL	☒ Change ☐ Addition
2.1 TITLE	DV	☒ Change ☐ Addition
2.2 NAME	HOWELL, NANCY J.	
2.3 STREET ADDRESS	1115 MC DONALD ST	
2.4 CITY-ST-ZIP	MOUNT DORA FL	☐ Change ☐ Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DTR	☒ Change ☐ Addition
4.2 NAME	FORBES, ELIZABETH A.	
4.3 STREET ADDRESS	100 S TREMAIN ST, E3	
4.4 CITY-ST-ZIP	MOUNT DORA FL	
5.1 TITLE	DS	☒ Change ☐ Addition
5.2 NAME	WEST, LUCRETIA FREED-	
5.3 STREET ADDRESS	647 N GRANDVIEW ST	
5.4 CITY-ST-ZIP	MOUNT FORA FL	☐ Change ☐ Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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.

SIGNATURE:

David H. Felts

April 11, 1996

(352) 735-0126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)