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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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
2015 N. DONNELLY ST MOUNT DORA FL 32757 US	~~P ROYELLOU LANE~~ P. O. BOX 1166 MOUNT DORA FL 32757-1166

3. Date Incorporated or Qualified: **06/28/1978**
3a. Date of Last Report: **04/24/1996**

2. Principal Place of Business	2a. Mailing Address
21	26 delete 1 Royellou Lane
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 32756-1166 / Country 30

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

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	FELTS, DAVID H		1.2 NAME		
STREET ADDRESS	703 N TREMAIN ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL		1.4 CITY-ST-ZIP	32757	
TITLE	DV	☒ DELETE	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	HOWELL, NANCY J.		2.2 NAME	HARLEY, GAIL	
STREET ADDRESS	1115 MC DONALD ST		2.3 STREET ADDRESS	1208 CHESTERFIELD COURT	
CITY-ST-ZIP	MOUNT DORA FL		2.4 CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	DTR	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	FORBES, ELIZABETH A.		3.2 NAME		
STREET ADDRESS	100 S TREMAIN ST E3		3.3 STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL		3.4 CITY-ST-ZIP	32757	
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	WEST, LUCRETIA FREED		4.2 NAME		
STREET ADDRESS	647 N GRANDVIEW ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL		4.4 CITY-ST-ZIP	32757	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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

SIGNATURE: Elizabeth A. Forbes, Treasurer — 2/21/97 — (352) 383-5228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0014285