SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jul 23 1998 8:00am
Secretary of State

DOCUMENT # 743413 (7)

1. Corporation Name
MOUNT DORA HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
PO BOX 1166 MOUNT DORA FL 32756-1166 US	1 ROYELLOU LANE P. O. BOX 1166 MOUNT DORA FL 32757

3. Date Incorporated or Qualified: 06/28/1978
4. FEI Number: 59-1913908 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 450 ROYELLOU LANE	26 P.O. BOX 1166
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MOUNT DORA, FL	28 City & State: MOUNT DORA, FL
24 Zip: 32757 25 Country: LAKE	29 Zip: 32757 30 Country: LAKE

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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 MOUNT DORA FL 32757	81 Name: LUCRETIA FREED-WEST 82 Street Address (P.O. Box Number is Not Acceptable): 647 NORTH GRANDVIEW 83 84 City: MOUNT DORA FL 85 Zip Code: 32757

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] LUCRETIA FREED-WEST, PRESIDENT — 30 JUNE 1998 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	DP	☒ Change ☐ Addition
NAME	FELTS, DAVID H		1.2 NAME	FREED-WEST, LUCRETIA	
STREET ADDRESS	703 N TREMAIN ST		1.3 STREET ADDRESS	647 NORTH GRANDVIEW	
CITY-ST-ZIP	MOUNT DORA FL		1.4 CITY-ST-ZIP	MOUNT DORA, FL 32757	
TITLE	DV	☒ DELETE	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	HARLEY, GAIL		2.2 NAME	MCCOWAN, JOHN	
STREET ADDRESS	1208 CHESTERFIELD CT		2.3 STREET ADDRESS	908 NORTH CLAYTON	
CITY-ST-ZIP	EUSTIS FL		2.4 CITY-ST-ZIP	MOUNT DORA, FL 32757	
TITLE	DTR	☒ DELETE	3.1 TITLE	DTR	☒ Change ☐ Addition
NAME	FORBES, ELIZABETH A.		3.2 NAME	BERSELL, ROBERT T.	
STREET ADDRESS	100 S TREMAIN ST E3		3.3 STREET ADDRESS	2005 SUSSEX DR.	
CITY-ST-ZIP	MOUNT DORA FL		3.4 CITY-ST-ZIP	MOUNT DORA, FL 32757	
TITLE	DS	☒ DELETE	4.1 TITLE	DS	☒ Change ☐ Addition
NAME	WEST, LUCRETIA FREED		4.2 NAME	KRAMER, JANE	
STREET ADDRESS	647 N GRANDVIEW ST		4.3 STREET ADDRESS	932 NORTH MCDONALD	
CITY-ST-ZIP	MOUNT DORA FL		4.4 CITY-ST-ZIP	MOUNT DORA, FL 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 (5/98)

14. I 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: [signature] — 30 JUNE 1998 — 352-383-8546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #