2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 743413

1. Entity Name
HISTORIC MOUNT DORA, INCORPORATED

Principal Place of Business	Mailing Address
450 ROYELLOU LANE MT DORA, FL 32757 US	P O BOX 1166 P. O. BOX 1166 MT DORA, FL 32757 US

07082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1913908
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FREED-WEST, LUCRETIA
647 NORTH GRANDVIEW
MOUNT DORA, FL 32757

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000167926
07/23/04-80002-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FREED-WEST, LUCRETIA
STREET ADDRESS	647 N GRANDVIEW
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	DV
NAME	MCCOWAN, JOHN
STREET ADDRESS	908 NORTH CLAYTON
CITY-ST-ZIP	MT DORA, FL 32757
TITLE	DTR
NAME	ROGERS, CAROL
STREET ADDRESS	1459 OVERLOOK DRIVE
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	DS
NAME	WEST, CHRISTINE
STREET ADDRESS	445 E 7TH AVENUE
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lucretia Freed-West LUCRETIA FREED-WEST 8 July 2004 352-383-8546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #