2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# 743413

Entity Name: HISTORIC MOUNT DORA, INCORPORATED

Current Principal Place of Business:

450 ROYELLOU LANE
MT DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1166
P. O. BOX 1166
MT DORA, FL 32757 US

New Mailing Address:

FEI Number: 59-1913908 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	FREED-WEST, LUCRETIA	
Address:	647 N GRANDVIEW	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:	DV	( ) Delete
Name:	MCCOWAN, JOHN	
Address:	908 NORTH CLAYTON	
City-St-Zip:	MT DORA, FL 32757	
Title:	DTR	( ) Delete
Name:	ROGERS, CAROL	
Address:	1459 OVERLOOK DRIVE	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:	DS	( ) Delete
Name:	WEST, CHRISTINE	
Address:	445 E 7TH AVENUE	
City-St-Zip:	MOUNT DORA, FL 32757	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DS	(X) Change ( ) Addition
Name:	GUCH, SUSAN	
Address:	MCDONALD STREET	
City-St-Zip:	MOUNT DORA, FL 32757	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL ROGERS DTR 04/26/2005

Electronic Signature of Signing Officer or Director — Date