

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 743413

FILED
Mar 26, 2008
Secretary of State

Entity Name: MOUNT DORA HISTORICAL SOCIETY, INCORPORATED

Current Principal Place of Business:

2015 N. DONNELLY STREET
MOUNT DORA, FL 32757 US

New Principal Place of Business:

450 ROYELLOU LANE
MOUNT DORA, FL 32757 US

Current Mailing Address:

P O BOX 1166
P. O. BOX 1166
MOUNT 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:

FELTS, DAVID H
703 N. TREMAIN STREET
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: DAVID H. FELTS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FELTS, DAVID H
Address: 703 N. TREMAIN STREET
City-St-Zip: MOUNT DORA, FL 32757

Title: DV () Delete
Name: HOWELL, NANCY
Address: 1027 MC DONALD STREET
City-St-Zip: MOUNT DORA, FL 32757

Title: DV () Delete
Name: HAIMES, STEPHANIE
Address: 1995 N. DONNELLY STREET
City-St-Zip: MOUNT DORA, FL 32757

Title: DS () Delete
Name: BERSELL, DELORES
Address: 601 OLD HWY 441, #2B
City-St-Zip: MOUNT DORA, FL 32757

Title: DS () Delete
Name: PACKWOOD, GENE
Address: 37315 BEACHWOOD DRIVE
City-St-Zip: DONA VISTA, FL 32784

Title: DT () Delete
Name: GOOD, SANDRA A
Address: 40020 BRIARWOOD DRIVE
City-St-Zip: UMATILLA, FL 32784

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DRS (X) Change () Addition
Name: HAIMES, STEPHANIE
Address: 1995 N. DONNELLY STREET
City-St-Zip: MOUNT DORA, FL 32757

Title: DCS (X) Change () Addition
Name: LUTHER, SARA
Address: 601 N MC DONALD STREET, APT 410
City-St-Zip: MOUNT DORA, FL 32757

Title: D (X) Change () Addition
Name: PACKWOOD, GENE
Address: 37315 BEACHWOOD DRIVE
City-St-Zip: DONA VISTA, FL 32784

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID H. FELTS

DP

03/26/2008

Electronic Signature of Signing Officer or Director

Date