2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743413

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED May 17, 2009 Secretary of State

Entity Name: MOUNT DORA HISTORICAL SOCIETY, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 450 ROYELLOU LANE MOUNT DORA, FL 32757 US **Current Mailing Address: New Mailing Address:** P O BOX 1166 P. O. BOX 1166 MOUNT DORA, FL 32757 US FEI Number: 59-1913908 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FELTS, DAVID H 703 N. TREMAIN STREET MOUNT DORA, FL 32757 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete FELTS, DAVID H MULLEN, ANDREW Name: Name: 703 N. TREMAIN STREET Address: 6359 ROLDEN COURT Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: MOUNT DORA, FL 32757 Title: DV Title: (X) Change () Addition () Delete HOWELL, NANCY Name: MILLER, MARK Name: Address: 1027 MC DONALD STREET Address: 2650 MCDONALD TERRACE City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: MOUNT DORA, FL 32757 Title: DRS () Delete Title: RS (X) Change () Addition HAIMES, STEPHANIE LUTHER, SALLY Name: Name: 1995 N. DONNELLY STREET 601 N MCDONALD STREET; #410 Address: Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: MOUNT DORA, FL 32757 Title: DCS Title: (X) Change () Addition () Delete Name: LUTHER, SARA Name: GREEN, CAROLYN M 601 N MC DONALD STREET, APT 410 121 CALDWELL STREET Address: Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: APOPKA, FL 32712

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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: CAROLYN M GREEN T 05/17/2009

() Delete

() Delete

37315 BEACHWOOD DRIVE

40020 BRIARWOOD DRIVE

PACKWOOD, GENE

GOOD, SANDRA A

UMATILLA, FL 32784

DONA VISTA, FL 32784

() Change () Addition

(X) Change () Addition

DELEON, HECTOR DR.

1799 SALK AVENUE

TAVARES, FL 32778