

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000007325

1. Entity Name
**A GREATER MOUNT DORA MERCHANTS ASSOCIATION,
INC.**



Principal Place of Business
**121 N HIGHLAND ST
MOUNT DORA, FL 32757**

Mailing Address
**121 N HIGHLAND ST
MOUNT DORA, FL 32757**



04202007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1557853

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOMICH, JAMES L
621 E FIFTH AVE
MOUNT DORA, FL 32757**

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WEAVER, BARBARA
STREET ADDRESS 121 N HIGHLAND ST
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE VD
NAME LOCK, MADELAINE
STREET ADDRESS 325 S HIGHLAND ST
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE SD
NAME THIBODEAU, DON
STREET ADDRESS 9088 LAUREL RIDGE DR
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Barbara Weaver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/07 352-735-1555
Date Daytime Phone #