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May 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N32525** (0)
1. Corporation Name
MOUNT DORA COMMUNITY CONCERT ASSOCIATION, INC.



Principal Place of Business Mailing Address
P O BOX 843 **P O BOX 843**
MOUNT DORA FL 32757 **MOUNT DORA FL 32757-0843**

3. Date Incorporated or Qualified **05/23/1989** 3a. Date of Last Report **06/18/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2979030 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEORGE, DALE
729 HELEN ST.
MT DORA FL 32757

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, MARY	1.2 NAME	
STREET ADDRESS	100 S. TREMAIN ST., E-1	1.3 STREET ADDRESS	
CITY-ST-ZIP	MT DORA FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, DALE	2.2 NAME	
STREET ADDRESS	729 HELEN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CODDING, BELVA	3.2 NAME	
STREET ADDRESS	3795 CODDING PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	MT DORA FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, JIM	4.2 NAME	
STREET ADDRESS	331 N. DONNELLY ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATROWITZ, CONNIE	5.2 NAME	
STREET ADDRESS	1700 COUNTRY CLUB RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARSHAW, CAROLE	6.2 NAME	
STREET ADDRESS	335 CLAYTON STR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MT DORA FL	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)