

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32525** (0)  
1. Corporation Name  
**MOUNT DORA COMMUNITY CONCERT ASSOCIATION, INC.**

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

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified  
**05/23/1989**  
4. FEI Number **59-2979030**  
Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ 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	<b>ALLAN E. HORN SR</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>MAILING ADDRESS P.O. Box 884</b>
83	<b>1401 EDGEWATER DR.</b>
84 City	<b>MOUNT DORA, FL</b>
85 Zip Code	<b>32757</b>

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

*George S. Horn Sr.*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-18-98**  
DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>TD</b>
NAME	<b>WHEELER, MARY</b>
STREET ADDRESS	<b>100 S. TREMAIN ST., E-1</b>
CITY-ST-ZIP	<b>MT DORA FL</b>
TITLE	<b>PD</b>
NAME	<b>GEORGE, DALE</b>
STREET ADDRESS	<b>729 HELEN ST.</b>
CITY-ST-ZIP	<b>MOUNT DORA FL</b>
TITLE	<b>VD</b>
NAME	<b>CODDING, BELVA</b>
STREET ADDRESS	<b>3795 CODDING PL</b>
CITY-ST-ZIP	<b>MT DORA FL</b>
TITLE	<b>VD</b>
NAME	<b>ANDERSON, JIM</b>
STREET ADDRESS	<b>331 N. DONNELLY ST.</b>
CITY-ST-ZIP	<b>MOUNT DORA FL</b>
TITLE	<b>D</b>
NAME	<b>PATROWITZ, CONNIE</b>
STREET ADDRESS	<b>1700 COUNTRY CLUB RD</b>
CITY-ST-ZIP	<b>EUSTIS FL</b>
TITLE	<b>SD</b>
NAME	<b>WARSHAW, CAROLE</b>
STREET ADDRESS	<b>335 CLAYTON STR</b>
CITY-ST-ZIP	<b>MT DORA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>TD SARAH LA MARCHE</b>
1.3 STREET ADDRESS	<b>1505 EAST CRAWFORD LAKE DR.</b>
1.4 CITY-ST-ZIP	<b>EUSTIS, FL 32736</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>PD ALLAN HORN</b>
2.3 STREET ADDRESS	<b>1410 EDGEWATER DR.</b>
2.4 CITY-ST-ZIP	<b>MOUNT DORA, FL 32757</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>VD WILLIAM BASS</b>
3.3 STREET ADDRESS	<b>360 VINCENT DR.</b>
3.4 CITY-ST-ZIP	<b>MOUNT DORA, FL 32757</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>SD ESTHER DIRLAN</b>
4.3 STREET ADDRESS	<b>18850 BATES AVE.</b>
4.4 CITY-ST-ZIP	<b>EUSTIS, FL 32736</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE:

*George S. Horn Sr.*

**3-18-98 (352) 735-0411**

CR2E037 (10/97)