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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32525

1. Corporation Name

MOUNT DORA COMMUNITY CONCERT ASSOCIATION, INC.

Principal Place of Business

P O BOX 843
MOUNT DORA FL 32757

Mailing Address

P O BOX 843
MOUNT DORA FL 32757



* 93370 - 90038 - 20

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/23/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2979030	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ALLAN E HORN, SR 1401 EDGEWATER DR 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

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

(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	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARAH LA MARCHE	1.2 NAME	SARAH R. LA MARCHE
STREET ADDRESS	1505 E CROOKED LAKE DR	1.3 STREET ADDRESS	4112 LAKE FOREST
CITY-ST-ZIP	EUSTIS FL 32720	1.4 CITY-ST-ZIP	MT. DORA, FL 32757
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLAN HORN	2.2 NAME	
STREET ADDRESS	1410 EDGEWATER DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL 32757	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VIC P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM BASS	3.2 NAME	Dale George
STREET ADDRESS	360 VINCENT DR	3.3 STREET ADDRESS	729 Helen St.
CITY-ST-ZIP	MT DORA FL 32757	3.4 CITY-ST-ZIP	mt dora fl. 32757
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTHER DIRLAM	4.2 NAME	
STREET ADDRESS	18850 BATES AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32736	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Signature

1/11/99

(352)343-9803

CR2E037 (1/198)