

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N32525

1. Entity Name
MOUNT DORA COMMUNITY CONCERT ASSOCIATION,
INC.



FILED

07 FEB 15 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1219 Crestview Dr
MOUNT DORA, FL 32757

Mailing Address

P O BOX 843
MOUNT DORA, FL 32757



05122006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2979030

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RYAN, RICHARD
1219 CRESTVIEW DR
MOUNT DORA, FL 32757

**DO NOT WRITE
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

700081576987
11/07/06--01016--012 **\$61.25

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RYAN, RICHARD
STREET ADDRESS 1410 EDGEWATER DR
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE T HIGH
NAME LAMARCHE, SARAH
STREET ADDRESS 34340 PARKVIEW AVENUE
CITY-ST-ZIP EUSTIS, FL 32736

TITLE SD
NAME ESTHER DURLAM
STREET ADDRESS 18850 BATES AVE
CITY-ST-ZIP EUSTIS, FL 32736
Marianne Ryan 1410 EDGEWATER DR MOUNT DORA, FL 32757

TITLE VP
NAME DICKERSON, DAVE
STREET ADDRESS 585 S SANDLAKE COURT
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700081576987
02/22/07--01008--016 **\$61.25

700081576987
02/22/07--01008--017 **\$175.00

**DO NOT WRITE
IN THIS SPACE**

2/16

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date


Daytime Phone #

5/15/06

As per telephone conversation with

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 103000003910			
1. Corporation Name OPTIMIST Club of North County, Inc. 2870 NW 208th Street Miami Fla. 33056			
2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc.		2870 NW 208th St	
City & State		Miami Fla	
Zip	Country	Zip	Country
33056	USA	33056	USA

FILED
07 FEB 15 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400088984434
02/22/07--01008--014 **122.50

REINSTATEMENT
CR2E081 (12/05) 06-07

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-3772516	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name JOANNE JONES	
Street Address (P.O. Box Number is Not Acceptable) 2870 NW 208th St	
Suite, Apt. #, Etc.	
City Miami Gardens	State FL
	Zip Code 33056

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Joanne Jones
REGISTERED AGENT MUST SIGN

Date 1/5/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	JAMES GARDNER	18026 NW 35th CT	MIA GARDENS FL. 33056
Vice PRES	Harry Rolfe	18026 NW 35th CT	MIA GARDENS FL. 33056
vice PRES	NATHAN SCOTT	18026 NW 35th CT	MIA GARDENS FL. 33056
Sec TREAS	GLORIA HOLT	760 NW 129th St	N MIA FLA. 33168
Sec TREAS	Laura Rzeszutowski	20525 NW 28th AVE	OPA LODCA FLA. 33056
TRES	Joanne Jones	2870 NW 208th St	MIA Gardens FL. 33056

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Joanne Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Optimist Club, North County
2870 NW 208th Street
Miami Fla. 33056

2052

So I hope it may concern:

The North County Club was in the process of changing locations, due to some serious problems, with the breakers.

We were unable to collect the mail because it was being perched to another location without our knowledge, and this caused the Club to be without certain important documents that are needed to continue to operate properly."

Thank you in advance for your cooperation.
The annual report notice were not received.

Joanne Jones
Joanne Jones