## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N32525

FILED Jan 26, 2008 Secretary of State

Entity Name: MOUNT DORA COMMUNITY CONCERT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1219 CRESTVIEW DRIVE 34340 PARKVIEW AVENUE MOUNT DORA, FL 32757 US EUSTIS, FL 32736 US

Current Mailing Address: New Mailing Address:

P.O. BOX 843

MOUNT DORA, FL 32757 US

FEI Number: 59-2979030 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RYAN, RICHARD

1219 CRESTVIEW DR

MOUNT DORA, FL 32757 US

JONES, JOHN
714 N DONNELLY STREET
MOUNT DORA, FL 32757 US

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.

SIGNATURE: JOHN JONES 01/26/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name:RYAN, RICHARDName:JONES, JOHNAddress:1410 EDGEWATER DRAddress:714 DONNELLY STREETCity-St-Zip:MOUNT DORA, FL 32757City-St-Zip:MOUNT DORA, FL 32757

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HIGH, SARAH
 Name:

 Address:
 34340 PARKVIEW AVENUE
 Address:

 City-St-Zip:
 EUSTIS, FL 32736
 City-St-Zip:

 $\label{eq:title:sde} \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{(X) Change () Addition}$ 

 Name:
 RYAN, MARIANNE
 Name:
 RYAN, MARIANNE

 Address:
 1410 EDGEWATER DRIVE
 Address:
 1410 EDGEWATER DRIVE

 City-St-Zip:
 MOUNT DORA, FL 32757 US
 City-St-Zip:
 MOUNT DORA, FL 32757 US

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DICKERSON, DAVE
 Name:

 Address:
 585 S SANDLAKE COURT
 Address:

 City-St-Zip:
 MOUNT DORA, FL 32757
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH HIGH T 01/26/2008