## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N94000005815

 Entity Name MOUNT DORA FRIENDS OF THE ENVIRONMENT, INC.



## FILED Apr 17, 2008 8:00 am Secretary of State

04-17-2008 90018 042 \*\*\*\*61.25

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P.O. BOX 1253 P.O.			failing Address P.O. BOX 1253 MOUNT DORA, FL 32756-1253			400000	U U				
2 Principal P	and of Business - No P.O. Roy #	l & Maili	na Address								
Principal Place of Business - No P.O. Box #     Mailing Add									BEAN BEANN BOREN B		HIIIDH OI ESSI
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02022008	Chg-NP	CR2E0	37 (12/06)		
City & State		City & State					4. FEI Number 59-33270	084		<b>⊢</b>	pplied For ot Applicable
Zip	Country	Zlp		Cou	intry		5. Certificate of	Status Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Current	Registere	d Agent				7. Name and A	ddress of New	Registered	Agent	
BURR, AN					Name Street Ad	ddress (I	P.O. Box Number i	is Not Acceptab	de)		
408 N TREMAIN STREET MOUNT DORA, FL 32757						•		•			
					City				FL	Zip Cod	le .
	named entity submits this statement folions of registered agent.	or the purpo	ose of changing its	register	ed office or	register	red agent, or both,	In the State of F	Rorida. I am	familiar with	, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	l and title if appl	icable. (NOTE	: Registere	d Agent signatu	periuper en	i when reinstating)		DATE		
Filing Fee is \$61.25			9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be		Make chec		
546 by may 1, 2000						ш	Added to Fees Florida Department of State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
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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 addrass, with all other like empowered.

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

April 14, 2008 (352) 383-4/98
Date Daytime Priore #