

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002940

FILED
Feb 06, 2009
Secretary of State

Entity Name: MT. PLYMOUTH LAND OWNERS LEAGUE, INC.

Current Principal Place of Business:

25340 GLEN EAGLES ST
MT PLYMOUTH, FL 32776

New Principal Place of Business:

Current Mailing Address:

PO BOX 286
SORRENTO, FL 327760286

New Mailing Address:

FEI Number: 59-1535710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENNELLE, STEPHEN D CPA
37009 CALHOUN RD
EUSTIS, FL 32736 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAYNARD, JOANN
Address: 25340 GLEN EAGLES ST
City-St-Zip: MT PLYMOUTH, FL 32776

Title: VP () Delete
Name: HATELY, EUGENE
Address: 26019 EXMOOR DR
City-St-Zip: MT PLYMOUTH, FL 32776

Title: SEC () Delete
Name: GRIGG, BARBARA
Address: PO BOX 1298
City-St-Zip: SORRENTO, FL 32776

Title: TREA () Delete
Name: FRONNER, COLLEEN
Address: 25316 GLEN EAGLES ST
City-St-Zip: MT PLYMOUTH, FL 32776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JOANN MAYNARD

P

02/06/2009

Electronic Signature of Signing Officer or Director

_____ Date