2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# 705686

Entity Name: MOUNT DORA LAWN BOWLING CLUB, INC.

Current Principal Place of Business:

EVANS PARK
125 EDGERTONB CT
MOUNT DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 102
DONNELLY STREET
MOUNT DORA, FL 327560102 US

New Mailing Address:

FEI Number: 59-3126884 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, SUSAN
27734 CYPRESS GLEN CT
YALAHA, FL 34797 US

Name and Address of New Registered Agent:

SMITH, BRIAN
37 ABERDEEN CIRCLE
LEESBURG, FL 34788 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: BRIAN SMITH 03/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: SMITH, BRIAN E
Address: 37 ABERDEEN CIR
City-St-Zip: LEESBURG, FL 34788

Title: T ( ) Delete
Name: WESTON, CLARIE
Address: 620 SANDLAKE CT
City-St-Zip: MOUNT DORA, FL 32757

Title: P ( ) Delete
Name: ROBERTS, SUSAN F
Address: 27734 CYPRESS GLAD CT
City-St-Zip: YALAHA, FL 34797

Title: S ( ) Delete
Name: WILLIAMSON, JACKIE
Address: 11300 LANET RD
City-St-Zip: HONEY IN THE HILLS, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SMITH, BRIAN E
Address: 37 ABERDEEN CIR
City-St-Zip: LEESBURG, FL 34788

Title: T (X) Change ( ) Addition
Name: WESTON, CLAIRE
Address: 620 SANDLAKE CT
City-St-Zip: MOUNT DORA, FL 32757

Title: VP (X) Change ( ) Addition
Name: WULBRECHT, TRACY
Address: 9004 OAKCREST CIRCLE
City-St-Zip: MOUNT DORA, FL 32757

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: CLAIRE WESTON T 03/13/2009
Electronic Signature of Signing Officer or Director Date