


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90325 023 ****61.25

DOCUMENT # 722069	
1. Entity Name	
MOUNT DORA LIBRARY ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
1995 DONNELLY ST MT DORA FL 32757 US	1995 DONNELLY ST MT DORA FL 32757 US

14000770



1st MOORE CR2E037 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
59-1379984	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent	
KURRAS, DOROTHY 900 N DONNELLY ST MOUNT DORA FL 32757	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	KURRAS, DOROTHY
STREET ADDRESS	P O BOX 8/ 627 N DONNELLY ST
CITY-ST-ZIP	MOUNT DORA FL
TITLE	<input type="checkbox"/> Delete
NAME	BROWN, WARNER
STREET ADDRESS	550 SANDLAKE COURT
CITY-ST-ZIP	MOUNT DORA FL 32757
TITLE	<input type="checkbox"/> Delete
NAME	WITTNEBERT, AL
STREET ADDRESS	1845 SYLVAN POINT DR.
CITY-ST-ZIP	MOUNT DORA FL 32757
TITLE	<input type="checkbox"/> Delete
NAME	MCKECHNIE, GARY
STREET ADDRESS	1027 N McDONALD ST.
CITY-ST-ZIP	MOUNT DORA FL 32757
TITLE	<input type="checkbox"/> Delete
NAME	WISOKA, JEROME
STREET ADDRESS	544 RESERVE DR.
CITY-ST-ZIP	TAVARES FL 32778
TITLE	<input type="checkbox"/> Delete
NAME	MILOTA, RENEE
STREET ADDRESS	1701 LAKESHOR DRIVE
CITY-ST-ZIP	MOUNT DORA FL 32757

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jodie McEwen
STREET ADDRESS	1400 Country Club Rd
CITY-ST-ZIP	Eustis, FL 32726
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara McLane
STREET ADDRESS	P.O. Box 618
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Thau
STREET ADDRESS	1005 Bristol Lakes Rd #211
CITY-ST-ZIP	Mount Dora, FL 32757
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cheryl Wisoka
STREET ADDRESS	544 Reserve Drive
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Dorothy A. Kurras*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #