2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Mar 09, 2006 8:00 am **Secretary of State DOCUMENT #722069** 03-09-2006 90160 014 ****61.25 MOUNT DORA LIBRARY ASSOCIATION, INC. Principal Place of Business Mailing Address 1995 DONNELLY ST 1995 DONNELLY ST MT DORA, FL 32757 MT DORA, FL 32757 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-1379984 City & State City & State Applied For Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KURRAS, DOROTHY 900 N DONNELLY ST Street Address (P.O. Box Number is Not Acceptable) MOUNT DORA, FL 32757 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 Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be П Due by May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 olleen A. Me ginley Change TITLE ☐ Delete KURRAS, DOROTHY NAME 721 W. Nelson Street STREET ADDRESS P O BOX 8/627 N DONNELLY ST STREET ADDRESS MOUNT DORA, FL CITY-ST-ZIP CITY-ST-ZIP Tavares, FI TITLE D ☐ Delete Cheryl Wosika 544 Reserve Diwe ☐ Change Addition TITLE BROWN, WARNER NAME NAME 550 SANDLAKE COURT STREET ADDRESS STREET ADDRESS Divares Fl. 32778 CITY-ST-ZIP MOUNT DORA, FL 32757 CITY-ST-7IP Dr. Robert A. Hensen Change Waterman V. 112ge frundation. 445 Waterman Ave Mount Dorra, Fl. 32757. TITLE ☐ Delete Addition TITLE DWITTNEBERT, AL NAME NAME 1845 SYLVAN POINT DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MOUNT DORA, FL 32757 CITY-ST-ZIP Jodie Me Even TITLE ☐ Change Addition **Delete** MCKECHNIE, GARY NAME MARKE STREET ADDRESS 1027 N MCDONALD ST. STREET ADDRESS CITY-ST-ZIP MOUNT DORA, FL 32757 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WISOKA, JEROME NAME STREET ADDRESS 544 RESERVE DR. STREET ADDRESS TAVARES, FL 32778 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Delete ☐ Addition TITLE MILOTA, RENEE NAME NAME

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 address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

1701 LAKESHOR DRIVE

MOUNT DORA, FL 32757

Sarolly urra SIGNATURE AND TYPED OR PRINTED NAME OF SK OFFICER OR DIRECTOR

FILED