2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# 722069

Entity Name: MOUNT DORA LIBRARY ASSOCIATION, INC.

Current Principal Place of Business:

1995 DONNELLY ST
MT DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

1995 DONNELLY ST
MT DORA, FL 32757 US

New Mailing Address:

FEI Number: 59-1379984 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KURRAS, DOROTHY
900 N DONNELLY ST
MOUNT DORA, FL 32757 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:	D	( ) Delete
Name:	KURRAS, DOROTHY	
Address:	P O BOX 8/ 627 N DONNELLY ST	
City-St-Zip:	MOUNT DORA, FL	
Title:	D	( ) Delete
Name:	BROWN, WARNER	
Address:	550 SANDLAKE COURT	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:	P	( ) Delete
Name:	WITTNEBERT, AL	
Address:	1845 SYLVAN POINT DR.	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:	D	( ) Delete
Name:	WISOKA, CHERYL	
Address:	54 RESERVE DRIVE	
City-St-Zip:	TAVARES, FL 327781	
Title:	VP	( ) Delete
Name:	WISOKA, JEROME	
Address:	544 RESERVE DR.	
City-St-Zip:	TAVARES, FL 32778	
Title:	T	( ) Delete
Name:	MILOTA, RENEE	
Address:	1701 LAKESHOR DRIVE	
City-St-Zip:	MOUNT DORA, FL 32757	

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:	D	(X) Change ( ) Addition
Name:	WOSIKA, CHERYL	
Address:	54 RESERVE DRIVE	
City-St-Zip:	TAVARES, FL 327781	
Title:	VP	(X) Change ( ) Addition
Name:	WOSIKA, JEROME	
Address:	544 RESERVE DR.	
City-St-Zip:	TAVARES, FL 32778	
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: AL WITTNEBERT PRES 02/04/2009

Electronic Signature of Signing Officer or Director — Date