

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 12, 2009  
Secretary of State**

DOCUMENT# 727911

Entity Name: MOUNT DORA CHURCH OF CHRIST, INC.

**Current Principal Place of Business:**

1801 DONNELLY ST.  
MOUNT DORA, FL 32757 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1017  
MOUNT DORA, FL 32756 US

**New Mailing Address:**

FEI Number: 59-1502177      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIDER, DAVID  
19020 LAKE SWATARA DRIVE  
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: STD ( ) Delete  
Name: KESSINGER, NORMAN E  
Address: 20621 SHADY OAK LANE  
City-St-Zip: EUSTIS, FL 32736  
  
Title: D ( ) Delete  
Name: NEWTON, SIDNEY E  
Address: 2839 MANATEE ROAD  
City-St-Zip: TAVARES, FL 32778  
  
Title: PD ( ) Delete  
Name: RIDER, DAVID  
Address: 19020 LAKE SWATARA DRIVE  
City-St-Zip: EUSTIS, FL 32736  
  
Title: D ( ) Delete  
Name: THORNHILL, ROBERT,  
Address: 1404 N DONNELLY ST  
City-St-Zip: MT DORA, FL 32756  
  
Title: D ( ) Delete  
Name: WEAVER, ELI  
Address: 324 WEST 13TH AVE  
City-St-Zip: MT 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: ( ) 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: NORMAN E. KESSINGER

STD

03/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date