

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001746

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: THE COUNTRY CLUB OF MOUNT DORA WOMEN'S CLUB, INC.

**Current Principal Place of Business:**

5020 GREENBRAIR TRAIL  
MOUNT DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

5020 GREENBRAIR TRAIL  
MOUNT DORA, FL 32757

**New Mailing Address:**

FEI Number: 59-3467066      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SUMNER, GLENDA  
5020 GREENBRIAR TRAIL  
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: P ( ) Delete  
Name: MEDEIROS, FRAN  
Address: 9047 LAUREL RIDGE DR  
City-St-Zip: MOUNT DORA, FL 32757

Title: VP ( ) Delete  
Name: HARRY, PENNIE  
Address: 6027 FALCONBRIDGE PLACE  
City-St-Zip: MOUNT DORA, FL 32757

Title: T ( ) Delete  
Name: SUMNER, GLENDA  
Address: 5020 GREENBRIAR TRAIL  
City-St-Zip: MOUNT DORA, FL 32757

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ERDMAN, CAROLYN  
Address: 9057 ST. ANDREWS WAY  
City-St-Zip: MOUNT DORA, FL 32757

Title: VP (X) Change ( ) Addition  
Name: RUDE, EMALOU  
Address: 9085 LAUREL RIDGE DRIVE  
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: GLENDA SUMNER

T

01/08/2009

Electronic Signature of Signing Officer or Director

Date