

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000491

FILED
Mar 01, 2009
Secretary of State

Entity Name: THE TRADITIONAL CONGREGATION OF MOUNT DORA, INC.

Current Principal Place of Business:

2223 WOLF RIDGE LANE
MT. DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

2223 WOLF RIDGE LANE
MT. DORA, FL 32757

New Mailing Address:

FEI Number: 26-2254925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, GEOFFREY Z
2223 WOLF RIDGE LANE
MT. 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: CEOC () Delete
Name: SOLOMON, GEOFFREY Z
Address: 2223 WOLF RIDGE LANE
City-St-Zip: MT. DORA, FL 32757

Title: D () Delete
Name: MILKMAN, MARCIA
Address: 2223 WOLF RIDGE LANE
City-St-Zip: MT. DORA, FL 32757

Title: D () Delete
Name: ROSENBERG, ROBERT
Address: 191 CANTERCLUB TRAIL
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: STERLING, ALAN L
Address: 2049 ISOLA BELLA BLVD
City-St-Zip: MT. DORA, FL 32757

Title: TREA (X) Change () Addition
Name: WATKINS, BARBARA D
Address: 1603 COUGAR CT.
City-St-Zip: WINTER SPRINGS, FL 32708

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: BARBARA D. WATKINS

TREA

03/01/2009

Electronic Signature of Signing Officer or Director

Date