

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000491

FILED
Jan 28, 2011
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:

848 NORTH DONNELLY ST
MT. DORA, FL 32757

Current Mailing Address:

2223 WOLF RIDGE LANE
MT. DORA, FL 32757

New Mailing Address:

848 NORTH DONNELLY ST
MT. DORA, FL 32757

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:

SOLOMON, GEOFFREY Z
848 NORTH DONNELLY ST
MT. DORA, FL 32757 US

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:

01/28/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SOLOMON, GEOFFREY Z
Address: 1929 LAKESHORE DR
City-St-Zip: MT. DORA, FL 32757

Title: V
Name: SELTZER, ROBERT
Address: 1144 WOODLAND TERRACE TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T
Name: SONNE, STUART
Address: 37947 BURHANS RD
City-St-Zip: EUSTIS, FL 32736

Title: S
Name: MARAJ, MELISSA
Address: 3650 MILFORD DR
City-St-Zip: EUSTIS, FL 32736

I hereby 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 all other like empowered.

SIGNATURE: GEOFFREY Z SOLOMON

P

01/28/2011

Electronic Signature of Signing Officer or Director

Date