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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:16

DOCUMENT # N45650 (1)

1. Corporation Name
MOUNT DORA AREA JUNIOR WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
PO BOX 362 MOUNT DORA FL 32757	PO BOX 362 MOUNT DORA FL 32757

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3091651 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: X — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SEMENTO, LAWRENCE J.
3800 LAKE CENTER LOOP
SUTE B-4
MOUNT DORA FL 32757

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City — FL — 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~V~~	11 TITLE	P/D	X Change ☐ Addition
NAME	DRIVER, DENISE	12 NAME		
STREET ADDRESS	3689 LAKE ELEANOR DR	13 STREET ADDRESS		
CITY-ST-ZIP	MT DORA FL	14 CITY-ST-ZIP		
TITLE	~~S~~	21 TITLE	V/D	X Change ☐ Addition
NAME	CROSS, JANET	22 NAME		
STREET ADDRESS	35845 OSPREY LANE	23 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL	24 CITY-ST-ZIP		
TITLE	T	31 TITLE	T/D	X Change ☐ Addition
NAME	MULLANE, KRISTY	32 NAME		
STREET ADDRESS	610 E 1 AVE	33 STREET ADDRESS		
CITY-ST-ZIP	MT DORA FL	34 CITY-ST-ZIP		
TITLE	~~P~~	41 TITLE	S/D	☐ Change X Addition
NAME	~~GLASS, CORRINE~~	42 NAME	Jane Brown	
STREET ADDRESS	~~901 3 BAY ST~~	43 STREET ADDRESS	1439 Hilltop Dr	
CITY-ST-ZIP	~~EUSTIS FL~~	44 CITY-ST-ZIP	Mount Dora FL 32757	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

REMITTED BY MAIL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kristy Mullane Kristy Mullane 4-9-95 904-383-8535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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