

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90292 032 ****61.25

DOCUMENT # N45650 1. Entity Name MOUNT DORA AREA JUNIOR WOMAN'S CLUB, INC.			
Principal Place of Business PO BOX 295 TANGERINE, FL 32777		Mailing Address PO BOX 295 TANGERINE, FL 32777	
2. Principal Place of Business P.O. BOX 784 Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 784 Suite, Apt. #, etc.	
City & State MOUNT DORA, FL Zip 32757-0784		City & State MOUNT DORA, FL Zip 32757-0784	
4. FEI Number 59-3091651		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEMENTO, LAWRENCE J. 531N BAY STREET EUSTIS, FL 32726		7. Name and Address of New Registered Agent Name LORI BAKER Street Address (P.O. Box Number is Not Acceptable) 407 Firewood Ave City Eustis FL Zip Code 32726	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Lori Baker</i></u> DATE <u>4/21/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HENNS, CHRISTY P.O. BOX 295 TANGERINE, FL 32777 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAKER, LORI 405 FIREWOOD AVE. EUSTIS, FL 32726 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCKNER, JEANNE 27937 LAKE JEM ROAD MOUNT DORA, FL 32757 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOMACK, PAT 230 MAGNOLIA CIR. EUSTIS, FL 32726 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENDRY, KATHERINE 9846 WEDGEWOOD LANE LEESBURG, FL 34788 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENDRY KATHERINE 803 BERRYHILL CIR. FRUITLAND PARK, FL 34731 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: MARIANN WELKE <u><i>Mariann Welke</i></u> <u>4/21/05</u> <u>352-357-2691</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			