FILED
May 05, 2003 8:00 am
Secretary of State
04-17-2003 90209 032 ****61.25

~~DOCUMENT~~ # N45650

1. Entity Name

MOUNT DORA AREA JUNIOR WOMAN'S CLUB, INC.

4

Principal Place of Business	Mailing Address
PO BOX 362 MOUNT DORA FL 32756	PO BOX 362 MOUNT DORA FL 32756

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. BOX 295	P.O. BOX 295
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TANGERINE, FL	City & State: TANGERINE, FL
Zip: 32777 Country:	Zip: 32777 Country:

4. FEI Number: 59-3091651 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SEMENTO, LAWRENCE J. 531N BAY STREET EUSTIS FL 32726	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROWN, JANE 1439 HILLTOP DRIVE MT DORA FL 32757	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER D CHRISTY HENNIS P.O. BOX 295 TANGERINE, FL 32777	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD D SEMENTO, SHARRON 3321 FORBORO COURT MOUNT DORA FL 32757	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT D LORI BAKER 405 FIREWOOD DRIVE EUSTIS, FL 32726	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BUCKNER, JEANNE 27937 LAKE JEM ROAD MOUNT DORA FL 32757	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Christy Hennis CHRISTY HENNIS 4-15-03 (407)644-6016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #