

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90409 012 ****61.25

DOCUMENT # N05231

1. Entity Name

MOUNT DORA CENTER FOR THE ARTS, INC.



Principal Place of Business

138 E 5TH AVENUE
MT. DORA FL 32757

Mailing Address

138 E 5TH AVENUE
MT. DORA FL 32757

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2470958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUIZING, PATRICIA
138 5TH AVE
MOUNT DORA FL 32757

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

138 E. 5TH AVENUE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
STOVER, LOIS
34749 ESTES RD
EUSTIS FL 32736 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
ALDERMAN, MICHELE
7360 LAKE OLA CIR
MOUNT DORA FL 32757 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ED
HUIZING, PATRICIA
334 N. ORANGE HUIZING
MOUNT DORA FL 32757 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CUNNINGHAM, LAUREN
1103 OVERLOOK DRIVE
MOUNT DORA FL 32757 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

7360 LAKE OLA CIRCLE
TANGERINE, FL 32777 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1130 E. 9TH AVENUE
MOUNT DORA FL 32726 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
ALMA WILSON
635 MICHIGAN
MOUNT DORA FL 32757 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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: *Michael Wilson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/04

Date

352/357-3136

Daytime Phone #