

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05231

Entity Name: MOUNT DORA CENTER FOR THE ARTS, INC.**Current Principal Place of Business:**138 E 5TH AVENUE
MT. DORA, FL 32757**Current Mailing Address:**138 E 5TH AVENUE
MT. DORA, FL 32757**FEI Number: 59-2470958****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MIDDLETON, MICHELL
138 E. 5TH AVE
MOUNT 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	MIDDLETON, MICHELL
Address	2065 MORRIS STREET
City-State-Zip:	EUSTIS FL 32726

Title	VP
Name	ALDERMAN, MICKY
Address	PO BOX 416
City-State-Zip:	TANGERINE FL 32777

Title	T
Name	MCREE, PAM
Address	40139 JIM SCOTTS ROAD
City-State-Zip:	LEESBURG FL 34788

Title	S
Name	MCREE, PAM
Address	40139 JIM SCOTTS ROAD
City-State-Zip:	LEESBURG FL 34788

Title	D
Name	ZINKOFSKY, NANCY
Address	33 COVE LANE
City-State-Zip:	EUSTIS FL 32726

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: NANCY ZINKOFSKY**DIRECTOR****01/09/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date