

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

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90403 030 \*\*\*\*61.25

**DOCUMENT # N01998**

1. Entity Name

**WOMEN'S COMMITTEE OF FINE ARTS OF MOUNT DORA, INC.**



Principal Place of Business  
1316 OLYMPIA AVE  
MOUNT DORA FL 32757  
US

Mailing Address  
P.O. BOX 1053  
MOUNT DORA FL 32756  
US

2. Principal Place of Business

**2905 Lakeshore Drive**

3. Mailing Address

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

**Mt Dora, FL**

City & State

Zip

**32757**

Country

**US**

Zip

Country

4. FEI Number

**59-2580745**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WILSON, SANDRA L  
1316 OLMPA AVE  
MOUNT DORA FL 32757**

7. Name and Address of New Registered Agent

Name

**Ingrid Scherb**

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

**2905 Lakeshore Drive**

City

**Mt Dora**

**FL**

Zip Code

**32757**

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

**Ingrid Scherb**

**Ingrid Scherb, Treasurer**

**4/26/04**

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	PD CODDING, BELVA 401 LAKE DORA RD MOUNT DORA FL 32757	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PHILLIPS, GEORGIA 3862 CACTUS LANE MOUNT DORA FL 32757	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAKER, SUZANNE 1005 WASHINGTON AVENUE EUSTIS FL 32726	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC CONKLING, MARLANNE 15901 HANSON VIEW DR TAVARES FL 32778	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, SAUNDRA 1316 OLYMPIA AVE MOUNT DORA FL 32757	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DZIEDZIC, ROSE 33205 LAKESHORE DR TAVARES FL 32778	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Conkling, Marianne 15901 Hanson View Drive Tavares, FL 32778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Dziedzic, Rose 33205 Lakeshore Drive Tavares, FL 32778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Skees, Sue 800 N Sunset Drive Mount Dora, FL 32757	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC Watson, Pauline 680 S Sandlake Court Mount Dora, FL 32757	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Scherb, Ingrid 2905 Lakeshore Drive Mount Dora, FL 32757	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Baker, Suzanne 3795 Coddling Place Mount Dora, FL 32757	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption shown 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:

**Ingrid Scherb**

**Ingrid Scherb**

**4/26/04**

**352-385-0021**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #