

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

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

04-25-2005 90211 030 ****61.25

DOCUMENT # N01998
1. Entity Name
WOMEN'S COMMITTEE OF FINE ARTS OF MOUNT DORA, INC.



Principal Place of Business
**2905 LAKESHORE DRIVE
MOUNT DORA FL 32757
US**

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country



1st MOORE CR2E037 (10/04)

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
**SCHERB, INGRID
2905 LAKESHORE DRIVE
MOUNT DORA FL 32757**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ingrid Scherb* *Ingrid Scherb, Treasurer* *4/19/05*
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, 2005**

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	SC	<input type="checkbox"/> Delete
NAME	WATSON, PAULINE	
STREET ADDRESS	680 S SANDLAKE COURT	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHERB, INGRID	
STREET ADDRESS	2905 LAKESHORE DRIVE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, SUZANNE	
STREET ADDRESS	3795 CODDING PLACE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	P	<input type="checkbox"/> Delete
NAME	CONKLING, MARLANNE <i>Marianne</i>	
STREET ADDRESS	15901 HANSON VIEW DR	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	S	<input type="checkbox"/> Delete
NAME	SKEES, SUE	
STREET ADDRESS	800 N SUNSET DRIVE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	V	<input type="checkbox"/> Delete
NAME	DZIEDZIC, ROSE	
STREET ADDRESS	33205 LAKESHORE DR	
CITY-ST-ZIP	TAVARES FL 32778	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Ingrid Scherb* *Ingrid Scherb* *4/19/05* *352-385-0021*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #