


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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2580745	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHERB, INGRID 2905 LAKESHORE DRIVE MOUNT DORA FL 32757				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Ingrid Scherb</i></u> <u><i>Ingrid Scherb, Treasurer</i></u> <u><i>4/19/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SC <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATSON, PAULINE		NAME		
STREET ADDRESS	680 S SANDLAKE COURT		STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL 32757		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHERB, INGRID		NAME		
STREET ADDRESS	2905 LAKESHORE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL 32757		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAKER, SUZANNE		NAME		
STREET ADDRESS	3795 CODDING PLACE		STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL 32757		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONKLING, MARLANNE <i>Marianne</i>		NAME		
STREET ADDRESS	15901 HANSON VIEW DR		STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL 32778		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SKEES, SUE		NAME		
STREET ADDRESS	800 N SUNSET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL 32757		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DZIEDZIC, ROSE		NAME		
STREET ADDRESS	33205 LAKESHORE DR		STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL 32778		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: <u><i>Ingrid Scherb</i></u> <u><i>Ingrid Scherb</i></u> <u><i>4/19/05</i></u> <u><i>352-385-0021</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					