

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90160 039 ****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

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

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

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

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

(NOTE: Registered Agent signature required when reconstituting)

4/25/06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SC
NAME WATSON, PAULINE ☐ Delete
STREET ADDRESS 680 S SANDLAKE COURT
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE SC ☒ Change ☐ Addition
NAME Eleanore Johnson
STREET ADDRESS 2315 Westland Road
CITY-ST-ZIP Mt Dora, FL 32757

TITLE T ☐ Delete
NAME SCHERB, INGRID
STREET ADDRESS 2905 LAKESHORE DRIVE
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BAKER, SUZANNE
STREET ADDRESS 3795 CODDING PLACE
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE V ☒ Change ☐ Addition
NAME Baker, Suzanne
STREET ADDRESS 3795 Coddling Place
CITY-ST-ZIP Mt Dora, FL 32757

TITLE P ☐ Delete
NAME CONKLING, MARIANNE
STREET ADDRESS 15901 HANSON VIEW DR
CITY-ST-ZIP TAVARES FL 32778

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME SKEES, SUE
STREET ADDRESS 800 N SUNSET DRIVE
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE S ☐ Change ☒ Addition
NAME Rockey, Marjorie
STREET ADDRESS 4003 Coachshire Way
CITY-ST-ZIP Mt Dora, FL 32757

TITLE V ☒ Delete
NAME DZIEDZIC, ROSE
STREET ADDRESS 33205 LAKESHORE DR
CITY-ST-ZIP TAVARES FL 32778

TITLE D ☒ Change ☐ Addition
NAME Watson, Pauline
STREET ADDRESS 680 S Sandlake Court
CITY-ST-ZIP Mt Dora, FL 32757

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

4/25/06 352-385-0021