

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01998

FILED  
Apr 23, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2905 LAKESHORE DRIVE  
MOUNT DORA, FL 32757 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1053  
MOUNT DORA, FL 32756 US

**New Mailing Address:**

**FEI Number:** 59-2580745

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: SC ( ) Delete  
Name: JOHNSON, ELEANORE  
Address: 2315 WESTLAND ROAD  
City-St-Zip: MOUNT DORA, FL 32757

Title: T ( ) Delete  
Name: SCHERB, INGRID  
Address: 2905 LAKESHORE DRIVE  
City-St-Zip: MOUNT DORA, FL 32757

Title: P ( ) Delete  
Name: BAKER, SUZANNE  
Address: 1251 MAGNOLIA FARMS CT  
City-St-Zip: EUSTIS, FL 32726

Title: V ( ) Delete  
Name: HATELY, YVONNE  
Address: 26019 EXMOOR DRIVE  
City-St-Zip: MT. PLYMOUTH, FL 32776

Title: S ( ) Delete  
Name: ROCKEY, MARJORIE  
Address: 4003 COACHSHIRE WAY  
City-St-Zip: MOUNT DORA, FL 32757

Title: D ( ) Delete  
Name: WATSON, PAULINE  
Address: 680 S SANDLAKE COURT  
City-St-Zip: MOUNT DORA, FL 32757

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: INGRID SCHERB

T

04/23/2009

Electronic Signature of Signing Officer or Director

Date