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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:13

DOCUMENT # **N05231 (8)**

1. Corporation Name
MOUNT DORA CENTER FOR THE ARTS, INC.

Principal Place of Business Mailing Address
138 E 5TH AVENUE MT. DORA FL 32757

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/19/1984** 3a. Date of Last Report **06/14/1994**
4. FEI Number **59-2470958** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Declared \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MIDDLETON, HARLOW C.
699 EAST FIFTH AVENUE
MT. DORA FL 32757**

10. Name and Address of New Registered Agent
81 Name **ALFRED M. LIVERIGHT**
82 Street Address (P.O. Box Number is Not Acceptable) **2340 PARK FOREST BLVD.**
83
84 City **MOUNT DORA** FL 85 Zip Code **32757**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Alfred M. Liveright* **ALFRED M. LIVERIGHT** **FEB. 13, 1995**
Signature (typed or printed name of registered agent and, if applicable, of applicant) (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GEORGE, DALE
STREET ADDRESS	832 E 9TH AVE.
CITY - ST - ZIP	MOUNT DORA FL
TITLE	VD
NAME	PATROWICZ, CONNIE
STREET ADDRESS	1700 COUNTRY CLUB RD.
CITY - ST - ZIP	EUSTIS FL 32726
TITLE	TD
NAME	MCCULLOUGH, SCOTT
STREET ADDRESS	3700 PROGRESS BLVD.
CITY - ST - ZIP	MT. DORA FL 32757
TITLE	SD
NAME	LIVERIGHT, AL
STREET ADDRESS	P.O.-BOX-863 2340 PARK FOREST BLVD.
CITY - ST - ZIP	MOUNT DORA FL 32757
TITLE	D
NAME	BATLINER, JULIE
STREET ADDRESS	541 E. 7TH AVE.
CITY - ST - ZIP	MT. DORA FL
TITLE	D
NAME	PAETS, ELLA
STREET ADDRESS	27714 LOIS DR.
CITY - ST - ZIP	TAVARES FL 32778

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Connie Patrowicz	
1.3 STREET ADDRESS	1700 Country Club Rd	
1.4 CITY - ST - ZIP	Eustis, FL 32726	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John McGowan	
2.3 STREET ADDRESS	908 N. Clayton	
2.4 CITY - ST - ZIP	MOUNT DORA FL 32757	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Scott McCullough	
3.3 STREET ADDRESS	3700 PROGRESS Blvd.	
3.4 CITY - ST - ZIP	Mount Dora FL 32757	
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LIVERIGHT, AL	
4.3 STREET ADDRESS	2340 Park Forest Blvd	
4.4 CITY - ST - ZIP	Mount Dora, FL 32757	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jean Spencer	
5.3 STREET ADDRESS	16705 E. Shirley Dr	
5.4 CITY - ST - ZIP	TAVARES, FL. 32778	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Dick Coddling	
6.3 STREET ADDRESS	38440 CR 408	
6.4 CITY - ST - ZIP	Leesburg, FL 34748	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Constance C. Patrowicz* **CONSTANCE C.** **2/10/95** **904-357-3657**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Telephone Number



midea

mount dora center for the arts

138 East Fifth Avenue • Mount Dora, Florida 32757 • (904) 383-0880

REC#	Last_name	First_name	phone_1	Address	City	zip	Mo/Yr_Started
1	Ames	Cathy	669-9293	39023 Lk Burns Rd	Umatilla	32784	May 94-Friends President
2	Codding	Dick	787-4266	33440 C/R 468	Leesburg	34748	Apr. 94
3	Daniels	Jack	383-6713	POB 1533	Mount Dora	32757	Oct. 94
4	George	Dale	735-3422	832 E. 9th Avenue	Mount Dora	32757	Oct. 91
5	Hanson	Catherine	383-3772	27603 SR 46	Sorrento	32776	Oct. 92
6	Liveright	Al	383-6058	PO Box 863	Mount Dora	32757	Oct. 93-Secretary
7	McCowan	John	383-7688	908 N. Clayton	Mount Dora	32757	Oct. 93-Vice President
8	McCullough	Scott	483-1100	3700 Progress Blvd.	Mount Dora	32757	Oct. 93-Treasurer
9	Patrowicz	Connie	357-3851	1700 Country Club Road	Eustis	32726	Feb. 88-President
10	Spencer	Jean	343-2376	16705 E. Shirley Dr.	Tavares	32778	Oct. 92
11	Stearn	Bill	343-0099; Fax: 343-6005	14229 US Hwy 441	Tavares	32778	Apr. 94
12	West	Lucretia	383-8546	647 N Grandview	Mount Dora	32757	Oct. 94
13	White	Bob	735-0680	1320 Horningside Dr.	Mount Dora	32757	Oct. 93