

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N05231** (8)

1. Corporation Name

MOUNT DORA CENTER FOR THE ARTS, INC.



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

3. Date Incorporated or Qualified: 09/19/1984
3a. Date of Last Report: 02/16/1995

| | | | | | | |
|----|--------------------------------|----|---------------------|----|--|--|
| 21 | 2. Principal Place of Business | 2a | Mailing Address | 4. | FEI Number | Applied For |
| | | 26 | | | 59-2470958 | Not Applicable |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | 28 | | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 23 | City & State | 29 | City & State | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24 | Zip | 30 | Country | | | |

| | | | | | | | |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| LIVERRIGHT, ALFRED M. 2340 PARK FOREST BLVD. MT. DORA FL 32757 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | City & State | | |
| | | | | 84 | City | FL | 85 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Lucretia West, Secretary
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)
DATE: March 5, 1996

| | | | | | | | |
|----------------------------|-----------------------|--|--|---|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | P | <input type="checkbox"/> DELETE | <input checked="" type="checkbox"/> CHANGE | 1.2 NAME | Past President / D | | |
| NAME | PATROWICZ, CONNIE | | | 1.3 STREET ADDRESS | | | |
| STREET ADDRESS | 1700 COUNTRY CLUB RD. | | | 1.4 CITY-ST-ZIP | | | |
| CITY-ST-ZIP | EUSTIS FL | | | 2.1 TITLE | <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION | | |
| TITLE | VD | <input type="checkbox"/> DELETE | | 2.2 NAME | McCowan, John | | |
| NAME | MCGOWAN, JOHN | | | 2.3 STREET ADDRESS | | | |
| STREET ADDRESS | 908 N CLAYTON | | | 2.4 CITY-ST-ZIP | | | |
| CITY-ST-ZIP | MT DORA FL | | | 3.1 TITLE | <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION | | |
| TITLE | TD | <input type="checkbox"/> DELETE | | 3.2 NAME | | | |
| NAME | MCCULLOUGH, SCOTT | | | 3.3 STREET ADDRESS | | | |
| STREET ADDRESS | 3700 PROGRESS BLVD. | | | 3.4 CITY-ST-ZIP | | | |
| CITY-ST-ZIP | MT. DORA FL | | | 4.1 TITLE | <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION | | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE | | 4.2 NAME | Secretary SD | | |
| NAME | LIVERRIGHT, AL | | | 4.3 STREET ADDRESS | Lucretia West | | |
| STREET ADDRESS | 2340 PARK FOREST BLVD | | | 4.4 CITY-ST-ZIP | 647 North Grandview Street | | |
| CITY-ST-ZIP | MOUNT DORA FL | | | 5.1 TITLE | <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 5.2 NAME | Catherine Hanson P/D | | |
| NAME | SPENCER, JEAN | | | 5.3 STREET ADDRESS | 27603 State Route 46 | | |
| STREET ADDRESS | 16705 E. SHIRLEY DR. | | | 5.4 CITY-ST-ZIP | Sorrento, Florida 32776 | | |
| CITY-ST-ZIP | TAVARES FL | | | 6.1 TITLE | 500001753303 | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 6.2 NAME | -03/21/96--01089--034 | | |
| NAME | CODDING, DICK | | | 6.3 STREET ADDRESS | ***61.25 | | |
| STREET ADDRESS | 33440 CR 468 | | | 6.4 CITY-ST-ZIP | | | |
| CITY-ST-ZIP | LEESBURG FL | | | | | | |

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 119.07(3)(k), 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: Catherine Hanson, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: March 5, 1996
Daytime Phone #: 352-383-3772

CR2E037 (12/95)