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**Mar 03 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

**138 E 5TH AVENUE
MT. DORA FL 32757**

**138 E 5TH AVENUE
MT. DORA FL 32757-5573**

3. Date Incorporated or Qualified
09/19/1984

3a. Date of Last Report
03/21/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2470958

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEST, LUCRETIA
647 N GRANDVIEW ST
MT. DORA FL 32757**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PPD PATROWICZ, CONNIE**
STREET ADDRESS **1700 COUNTRY CLUB RD.**
CITY-ST-ZIP **EUSTIS FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME **VD MCCOWAN, JOHN**
STREET ADDRESS **908 N CLAYTON**
CITY-ST-ZIP **MT DORA FL**

2.1 TITLE Change Addition
2.2 NAME **VD Clement, Ed**
2.3 STREET ADDRESS **308 East Fifth Avenue**
2.4 CITY-ST-ZIP **Mount Dora, FL, 32757**

TITLE DELETE
NAME **TD MCCULLOUGH, SCOTT**
STREET ADDRESS **3700 PROGRESS BLVD.**
CITY-ST-ZIP **MT. DORA FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME **SD WEST, LUCRETIA**
STREET ADDRESS **647 N GRANDVIEW ST**
CITY-ST-ZIP **MOUNT DORA FL 32757**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME **PD HANSON, CATHERINE**
STREET ADDRESS **27603 STATE ROUTE 46**
CITY-ST-ZIP **SORRENTO FL 32776**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

Interim Director

John McCowan

John McCowan

2-13-97 352-383-0880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014310

CR2E037 (9/96)