


FILE NOW: FILING FEE IS \$61.25

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**Apr 28 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 09/19/1984	
4. FEI Number 59-2470958	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Cathy Ames		
82 Street Address (P.O. Box Number is Not Acceptable) 659 Clark Court		
83		
84 City Mount Dora	85 State FL	86 Zip Code 32757

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 **Cathy Ames CATHY AMES** DATE **4/21/98**

12. OFFICERS AND DIRECTORS

TITLE PPD	NAME PATROWICZ, CONNIE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1700 COUNTRY CLUB RD.	CITY-ST-ZIP EUSTIS FL	
TITLE VD	NAME CLEMENT, ED	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 308 EAST FIFTH AVE	CITY-ST-ZIP MT DORA FL	
TITLE TD	NAME MCCULLOUGH, SCOTT	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 3700 PROGRESS BLVD.	CITY-ST-ZIP MT. DORA FL	
TITLE SD	NAME WEST, LUCRETIA	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 647 N GRANDVIEW ST	CITY-ST-ZIP MOUNT DORA FL 32757	
TITLE PD	NAME HANSON, CATHERINE	<input type="checkbox"/> DELETE
STREET ADDRESS 27603 STATE ROUTE 46	CITY-ST-ZIP SORRENTO FL 32776	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Cathy Ames	
1.3 STREET ADDRESS 659 Clark Court	
1.4 CITY-ST-ZIP Mount Dora FL 32757	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Allan Seabrook	
2.3 STREET ADDRESS P.O. Box 1301	
2.4 CITY-ST-ZIP Mount Dora FL 32756	
3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME John Askew	
3.3 STREET ADDRESS 123 Pond Road	
3.4 CITY-ST-ZIP Mount Dora FL 32757	
4.1 TITLE M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Katherine MacDiarmid	
4.3 STREET ADDRESS 200 East Tenth Ave	
4.4 CITY-ST-ZIP Mount Dora FL 32757	
5.1 TITLE PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Catherine Hanson	
5.3 STREET ADDRESS 27603 State Road 46	
5.4 CITY-ST-ZIP Sorrento FL 32776	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: **KATHERINE MACDIARMID** DATE **4/21/98** 352 385-0880

CR2E037 (10/97)