

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 12, 1999 8:00 am
Secretary of State

08-12-1999 90006 032 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N05231

1. Corporation Name

MOUNT DORA CENTER FOR THE ARTS, INC.

6 8 4 8 8 7 32 7 *



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

Mailing Address
 138 E 5TH AVENUE
 MT. DORA FL 32757

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
09/19/1984

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

9. Name and Address of Current Registered Agent

AMES, CATHY
659 CLARK COURT
MOUNT DORA FL 32757

10. Name and Address of New Registered Agent

81 Name **KATHERINE MACDIARMID**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **138 E. FIFTH AVENUE**
 84 City **MOUNT DORA** FL 85 Zip Code **32757**

11. Pursuant to the provisions of Sections 617.0502 and 617.503, 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 *Katherine MacDiarmid* **KATHERINE MACDIARMID** **8/9/99** DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	AMES, CATHY	
STREET ADDRESS	659 CLARK COURT	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SEABROOK, ALLAN	
STREET ADDRESS	P O BOX 1301	
CITY-ST-ZIP	MOUNT DORA FL 32756	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ASKEW, JOHN	
STREET ADDRESS	123 POND ROAD	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	M	<input type="checkbox"/> DELETE
NAME	MACDIARMID, KATHERINE	
STREET ADDRESS	200 EAST TENTH AVENUE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	PPD	<input checked="" type="checkbox"/> DELETE
NAME	HANSON, CATHERINE	
STREET ADDRESS	27603 STATE RD 46	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RUTH BLAKES	
1.3 STREET ADDRESS	400 W. FIFTH AVENUE	
1.4 CITY-ST-ZIP	MOUNT DORA, FL 32757	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ARCHIE LOWRY, JR.	
2.3 STREET ADDRESS	308 E. 5th AVENUE	
2.4 CITY-ST-ZIP	MOUNT DORA, FL 32757	
3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ALLAN SEABROOK, JR.	
3.3 STREET ADDRESS	PO BOX 1301	
3.4 CITY-ST-ZIP	MOUNT DORA, FL 32757	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	PAST PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CATHY AMES	
5.3 STREET ADDRESS	659 CLARK CT	
5.4 CITY-ST-ZIP	MOUNT DORA, FL 32757	
6.1 TITLE		<input type="checkbox"/> Change <input 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, with all other like empowered.

SIGNATURE *Katherine MacDiarmid* **KATHERINE MACDIARMID** **8/9/99** **352.383.0880** DATE Daytime Phone #

CR2E037 (5/99)