

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05231

FILED  
Apr 14, 2006  
Secretary of State

**Entity Name:** MOUNT DORA CENTER FOR THE ARTS, INC.

**Current Principal Place of Business:**

138 E 5TH AVENUE  
MT. DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

138 E 5TH AVENUE  
MT. DORA, FL 32757

**New Mailing Address:**

**FEI Number:** 59-2470958

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUIZING, PATRICIA  
138 E. 5TH AVE  
MOUNT DORA, FL 32757 US

**Name and Address of New Registered Agent:**

ALDERMAN, MICHELE M  
138 E. 5TH AVE  
MOUNT DORA, FL 32757 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHELE M. ALDERMAN

04/14/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: STOVER, LOIS  
Address: 34749 ESTES RD  
City-St-Zip: EUSTIS, FL 32736

Title: VP ( ) Delete  
Name: ALDERMAN, MICHELE  
Address: 7360 LAKE OLA CIR.  
City-St-Zip: TANGERINE, FL 32777

Title: ED ( ) Delete  
Name: HUIZING, PATRICIA  
Address: 1130 EAST 9TH AVE.  
City-St-Zip: MOUNT DORA, FL 32726

Title: P ( ) Delete  
Name: CUNNINGHANN, LAUREN  
Address: 1103 OVERLOOK DRIVE  
City-St-Zip: MOUNT DORA, FL 32757

Title: T (X) Delete  
Name: HARBIN, DEBI  
Address: 439 D/ 7TH AVENUE  
City-St-Zip: MOUNT DORA, FL 32757

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: MIDDLETON, MICHELL  
Address: 2065 MORRIS STREET  
City-St-Zip: EUSTIS, FL 32726

Title: VP (X) Change ( ) Addition  
Name: DURIAS, KRISTINE  
Address: 1207 MARSHALL COURT  
City-St-Zip: EUSTIS, FL 32726

Title: T (X) Change ( ) Addition  
Name: HARBIN, DEBI  
Address: 439 7TH AVENUE EAST  
City-St-Zip: MOUNT DORA, FL 32757

Title: P (X) Change ( ) Addition  
Name: ALDERMAN, MICHELE M  
Address: P.O. BOX 416  
City-St-Zip: TANGERINE, FL 32777

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE M. ALDERMAN

P

04/14/2006

Electronic Signature of Signing Officer or Director

Date