

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05231

FILED  
Apr 11, 2007  
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:**

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

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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

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

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

04/11/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date