# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 01, 2003 8:00 am**
**Secretary of State**
05-01-2003 90258 020 ****61.25

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DOCUMENT # N05231

1. Entity Name
MOUNT DORA CENTER FOR THE ARTS, INC.

10094681

| Principal Place of Business | Mailing Address |
|---|---|
| 138 E 5TH AVENUE<br>MT. DORA FL 32757 | 138 E 5TH AVENUE<br>MT. DORA FL 32757 |

☒ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2470958 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

~~MCGEOUGH, CINDY P~~
138 E 5TH AVENUE
MOUNT DORA FL 32757

**7. Name and Address of New Registered Agent**

Name Patricia Huizing
Street Address (P.O. Box Number is Not Acceptable) 138 E. 5th Avenue
City Mt. Dora FL Zip Code 32757

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 4/18/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPT<br>WANSHAW, CAROLE<br>335 N CLAYTON STREET<br>MOUNT DORA FL 32757 | ☒ Delete | Secretary<br>Lois Stover<br>34749 Estes Road<br>Eustis FL 32736 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~PT~~ President<br>WILSON, ALMA<br>635 MICHIGAN<br>MOUNT DORA FL 32757 | ☐ Delete | Treasurer<br>Michele Alderman<br>7360 Lake Ola Circle<br>Tangerine FL 32757 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | EXDD<br>MCGEOUGH, CINDY<br>138 E 5TH AVE<br>MOUNT DORA FL 32757 | ☒ Delete | Exec. Director<br>Patricia Huizing<br>334 N. Orange St<br>Mount Dora, FL 32757 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~ST~~ Vice President<br>CUNNINGHANN, LAUREN<br>1103 OVERLOOK DRIVE<br>MOUNT DORA FL 32757 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Michele Alderman Michele Alderman 4/18/03 352/357-3136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR