

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90454 045 ****61.25

DOCUMENT # N99000004173

1. Entity Name
MOUNT DORA ART LEAGUE, INC.



Principal Place of Business
**219 WEST NINTH AVE
MOUNT DORA, FL 32757**

Mailing Address
**P.O. BOX # 391
MOUNT DORA, FL 32756**

50015380



03302006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3609938

| |
|----------------|
| Applied For |
| Not Applicable |

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

6. Name and Address of Current Registered Agent

**WALD, BRANDON
219 WEST NINTH AVE
MOUNT DORA, FL 32757**

**DO NOT WRITE
IN THIS SPACE**

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 *Susan Lambertus* 4-5-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | P |
| NAME | WALD, BRANDON |
| STREET ADDRESS | 219 WEST NINTH AVE |
| CITY-ST-ZIP | MOUNT DORA, FL 32757 |

| | |
|----------------|------------------|
| TITLE | DV |
| NAME | LEVEE, PHYLLIS |
| STREET ADDRESS | 2754 GABLES DR |
| CITY-ST-ZIP | EUSTIS, FL 32726 |

| | |
|----------------|-----------------------------------|
| TITLE | T |
| NAME | LOMBARTUS, SUSAN <i>LAMBERTUS</i> |
| STREET ADDRESS | 2100 SOUTHLAND ROAD |
| CITY-ST-ZIP | MOUNT DORA, FL 32757 |

| | |
|----------------|--------------------|
| TITLE | DS |
| NAME | BUCKWALTER, SUSAN |
| STREET ADDRESS | 43809 SUNSET DRIVE |
| CITY-ST-ZIP | PAISLEY, FL 32676 |

| | |
|----------------|----------------------|
| TITLE | D |
| NAME | WALD, BRANDON |
| STREET ADDRESS | 219 W NINTH AVE |
| CITY-ST-ZIP | MOUNT DORA, FL 32757 |

| | |
|----------------|------------------|
| TITLE | D |
| NAME | PERRY, BARBARA |
| STREET ADDRESS | 406 S AVENUE |
| CITY-ST-ZIP | EUSTIS, FL 32726 |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Susan Lambertus*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-06 352 383-7209
Date Daytime Phone #