2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000004173

1. Entity Name
MOUNT DORA ART LEAGUE, INC.

Principal Place of Business	Mailing Address
219 WEST NINTH AVE MOUNT DORA, FL 32757	P.O. BOX # 391 MOUNT DORA, FL 32756

02042007 No Chg-NP CR2E037 (4/06)

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

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

Filing Fee is $61.25
Due by May 1, 2007

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

U00000670162
03/27/07-80101-014 61.25

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	LAMBERTUS, SUSAN
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

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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 SUSAN LAMBERTUS -TREAS. 3-14-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #