2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2008 8:00 am
Secretary of State
08-04-2008 90034 036 ****61.25

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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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2502 LOCH NESS ct	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LEESBURG, FL	City & State
Zip: 34788 Country: LAKE	Zip Country

07232008 Chg-NP CR2E037 (12/06)

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	7. Name and Address of New Registered Agent
WALD, BRANDON 219 WEST NINTH AVE MOUNT DORA, FL 32757	Name STURM, JANICE Street Address (P.O. Box Number is Not Acceptable) 2502 LOCH NESS ct City LEESBURG FL Zip Code 34788

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 Janice Sturm, President 8/1/08
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 September 12, 2008

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	P WALD, BRANDON 219 WEST NINTH AVE MOUNT DORA, FL 32757	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STURM, JANICE 2502 LOCH NESS CT LEESBURG, FL 34788	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV LEVEE, PHYLLIS 2754 GABLES DR EUSTIS, FL 32726	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WALL, MAXINE 1460 HILLTOP DR. MT. DORA, FL 32757	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LAMBERTUS, SUSAN 2100 SOUTHLAND ROAD MOUNT DORA, FL 32757	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DIRLAM, ESTHER E. SMITH 18850 BATES EUSTIS, FL 32736	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BUCKWALTER, SUSAN 43809 SUNSET DRIVE PAISLEY, FL 32676	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DIRLAM, ESTHER E. SMITH 18850 BATES EUSTIS FL 32736	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALD, BRANDON 219 W NINTH AVE MOUNT DORA, FL 32757	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS DONNA MILLER 36239 BRENDENSHIRE CT GRAND ISLAND, FL 32735	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERRY, BARBARA 406 S AVENUE EUSTIS, FL 32726	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: JANICE STURM Janice Sturm 8/1/08 352-742-4620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #