


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90030 012 \*\*\*\*61.25

|  |   |  |   |   |                                    |
|--|---|--|---|---|------------------------------------|
| <b>DOCUMENT # N07000003739</b><br>1. Entity Name<br>THE WOODSHED FOUNDATION, INC.  |   |  |   |    |                                    |
| Principal Place of Business<br>4262 NW 1ST PL.<br>DEERFIELD BEACH, FL 33442  |   |  | Mailing Address<br>4262 NW 1ST PL.<br>DEERFIELD BEACH, FL 33442 |   |                                    |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                    |   |   |                                    |
| City & State   |   | City & State   |   |   |                                    |
| Zip  | Country   | Zip  | Country   |   | 4. FEI Number<br><b>20-8770572</b> |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |                                    |
| 6. Name and Address of Current Registered Agent<br><br>GEIST, JEFFREY<br>4262 NW 1ST PL.<br>DEERFIELD BEACH, FL 33442  |   |  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City                           |                                    |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |   |   |                                    |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |                                    |
| Make check payable to Florida Department of State  |   |  |   |   |                                    |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10           |   |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>GEIST, JEFFREY<br>4262 NW 1ST PL.<br>DEERFIELD BEACH, FL 33442 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>VERREAU, LYN<br>2492 NW 89TH AVE<br>CORAL SPRINGS, FL 33065    | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | T<br>Parks, Diane<br>19281 Cloister Lake Ln<br>Boca Raton, FL 33498<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>MOROCCO, MIKE<br>1044 NE 94TH ST<br>MIAMI SHORES, FL 33138     | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>ALLEN, EVIT<br>16490 SW 31 ST<br>MIRAMAR, FL 33027             | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | S<br>Marblestone, Julie<br>1540 NW 104 Ave<br>Plantation, FL 33322<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |   |   |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Change <input type="checkbox"/> 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. |   |  |   |   |                                    |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  | 3/17/08 954-234-1541<br><small>Date Daytime Phone #</small>     |   |                                    |