2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State
02-02-2006 90068 021 ****61.25

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DOCUMENT # 729244

1. Entity Name
FLORIDA WATERCOLOR SOCIETY, INC.

Principal Place of Business	Mailing Address
5210 PINE ROCKLANDS AVE LITHIA, FL 33547	5210 PINE ROCKLANDS AVENUE LITHIA, FL 33547 US

01052006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
4624 Harbour Village Blvd. #4501	4624 Harbour Village Blvd
Suite, Apt. #, etc. #4501	Suite, Apt. #, etc. #4501
City & State Ponce Inlet	City & State Ponce Inlet
Zip / County 32127 / FL	Zip / County 32127 / FL

4. FEI Number
23-7410596
☐ 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
DREWRY, ANNE 5210 PINE ROCKLANDS AVENUE LITHIA, FL 33547	Name: Laura Robinson Street Address (P.O. Box Number is Not Acceptable): 4624 Harbour Village Blvd #4501 City: Ponce Inlet FL Zip Code: 32127

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: Laura Robinson
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

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	PD ALLEN, SUSAN 1310 HOLLENMAN DR VALRICO, FL 33594	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ABGOTT, ANNE 3840 Mariners Way Cortez, FL 34215	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VPD ABGOTT, ANNE 3840 MARINERS WAY CORTEZ, FL 34215	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP-D REYNOLDS, SUE 207 DUNE CIRCLE NEW SMYRNA BEACH FL 32169	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VPD ALLEN, SUE 207 DUNE CIRCLE NEW SMYRNA BEACH, FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP-D TERESA CIRK 11983 NW 20TH ST. Pembroke Pines, FL 33028	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSD MORRISON, DONNA 4407 WATROUS AVE TAMPA, FL 33629	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSD Anne S Drewry 5210 Pine Rocklands Ave Lithia FL 33547	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DREWRY, ANNE S. 5210 PINE ROCKLANDS AVENUE LITHIA, FL 33547	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T-D LAURA ROBINSON 4624 Harbour Village Blvd Ponce Inlet, FL 32127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RSD HODGES, KAREN 940 S.W. 69TH AVE. PLANTATION, FL 33317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RS-D HODGES, KAREN P.O. Box 398 Reynolds GA 31076	☐ 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: Anne S. Drewry Laura Robinson 1/12/05 813-655-2723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #