

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90093 028 ****61.25

DOCUMENT # 737481					
1. Entity Name ARTISTS' WORKSHOP OF NEW SMYRNA BEACH, INCORPORATED					
Principal Place of Business 115 CANAL ST NEW SMYRNA BCH, FL 32168 US			Mailing Address P.O. BOX 1194 NEW SMYRNA BCH, FL 32170 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1725813	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAND, CAROLYN A 19 E. BAYSHORE DR. PORT ORANGE, FL 32127 <i>Marlene</i>			7. Name and Address of New Registered Agent Name: <i>Marlene Veite</i> Street Address (P.O. Box Number is Not Acceptable): <i>833 Fairway Drive</i> City: <i>New Smyrna Beach</i> FL Zip Code: <i>32168-6116</i>		
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: <i>Marlene Veite</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: <i>4/15/04</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 P NAME LAND, CAROLYN A STREET ADDRESS 19 E. BAYSHORE DRIVE CITY-ST-ZIP PORT ORANGE, FL 32127	<input type="checkbox"/> Delete		TITLE # President NAME <i>Marlene Veite</i> STREET ADDRESS <i>833 Fairway Drive</i> CITY-ST-ZIP <i>New Smyrna Beach, FL 32168-6116</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 1VPD NAME SHAFFER, JAYE STREET ADDRESS 5207 S. ATLANTC AVE. CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete		TITLE Vice President NAME <i>Sue Reynolds</i> STREET ADDRESS <i>207 Dune Circle</i> CITY-ST-ZIP <i>New Smyrna Beach, FL 32169-2007</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 2VPD NAME KELLY, JANICE STREET ADDRESS 732 PINE SHORES CIR CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete		TITLE 2nd Vice President NAME <i>Ella Lawless</i> STREET ADDRESS <i>1325 Wayne Avenue</i> CITY-ST-ZIP <i>New Smyrna Beach, FL 32168-2114</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE RS NAME WEBSTER, ANN STREET ADDRESS 655 WELLESIEY COURT CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete		TITLE Recording Secretary NAME <i>Mara Whitridge</i> STREET ADDRESS <i>155 N. Cory Drive</i> CITY-ST-ZIP <i>Edgewater, FL 32141-7225</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME LINK, GORDON STREET ADDRESS 4647 VAN KLEECK DR CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete		TITLE Treasurer NAME <i>Robert Grayson</i> STREET ADDRESS <i>819 Fairway Drive</i> CITY-ST-ZIP <i>New Smyrna Beach, FL 32168-6116</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CS NAME SMITH, JOSEPH STREET ADDRESS 2708 SUNSET DR CITY-ST-ZIP NEW SMYRNA BCH, FL 32168	<input type="checkbox"/> Delete		TITLE Corresponding Sec. NAME <i>Willodeen Sanders</i> STREET ADDRESS <i>712 Central Park Blvd</i> CITY-ST-ZIP <i>Port Orange, FL 32127-7553</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(4) 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: <i>Marlene Veite</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>4/15/04</i> Daytime Phone #: <i>386-423-7357</i>		