

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90391 015 ****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
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2. Principal Place of Business SAME		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent VEITE, MARLENE 833 FAIRWAY DRIVE NEW SMYRNA BEACH FL 32168-6116	
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7. Name and Address of New Registered Agent Name JOSEPH SMITH Street Address (P.O. Box Number is Not Acceptable) 2708 SUNSET DR. NEW SMYRNA BEACH, FL City FL Zip Code 32168	
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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 Joseph Smith President <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE 13 April 05 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME VEITE, MARLENE	
STREET ADDRESS 833 FAIRWAY DRIVE	
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168-6116	
TITLE 1VPD	<input checked="" type="checkbox"/> Delete
NAME REYNOLDS, SUE	
STREET ADDRESS 207 DUNE CIRCLE	
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169-2007	
TITLE 2VPD	<input checked="" type="checkbox"/> Delete
NAME LAWLESS, ELLA	
STREET ADDRESS 1325 WAYNE AVENUE	
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168-2114	
TITLE RS	<input checked="" type="checkbox"/> Delete
NAME WHITRIDGE, MARA	
STREET ADDRESS 155 N. CORY DRIVE	
CITY-ST-ZIP EDGEWATER FL 32141-7225	
TITLE T	<input checked="" type="checkbox"/> Delete
NAME GRAYSON, ROBERT	
STREET ADDRESS 817 FAIRWAY DRIVE	
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168-6116	
TITLE CS	<input checked="" type="checkbox"/> Delete
NAME SANDERS, WILLODEEN	
STREET ADDRESS 712 CENTRAL PARK BLVD.	
CITY-ST-ZIP MACON GA 31217-7553	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOSEPH SMITH	
STREET ADDRESS 2708 SUNSET DR.	
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	
TITLE 1VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ZALASKO, PAT	
STREET ADDRESS 6610 MERRYVALE LANE	
CITY-ST-ZIP PORT ORANGE, FL 32128-4037	
TITLE 2VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LAWLESS ELLA	
STREET ADDRESS 1325 WAYNE AVE	
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	
TITLE RS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LINDA SHERMAN	
STREET ADDRESS 4426 SAXON DR	
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169	
TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GRAYSON ROBERT	
STREET ADDRESS 817 FAIRWAY DR	
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	
TITLE CS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME OLSEN SUSAN	
STREET ADDRESS 606 ST ANDREWS	
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Joseph Smith <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 13 April 05 <small>Date</small>	DAYTIME PHONE # 386 4240851 <small>Daytime Phone #</small>
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