

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 Mailing Address

115 CANAL ST
 NEW SMYRNA BCH FL 32168
 US

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

SAME *SAME*

1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent

VEITE, MARLENE
 833 FAIRWAY DRIVE
 NEW SMYRNA BEACH FL 32168-6116

7. Name and Address of New Registered Agent

Name: **JOSEPH SMITH**

Street Address (P.O. Box Number is Not Acceptable): **2708 SUNSET DR.**

City: **NEW SMYRNA BEACH, FL**

Zip Code: **32168**

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* DATE: *13 April 05*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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* DATE: *13 April 05* DAYTIME PHONE #: *386 4240251*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #