

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90010 032 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1725813

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, JOSEPH  
2708 SUNSET DR  
NEW SMYRNA BEACH FL 32168-6116**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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, 2007**

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: P ☐ Delete  
NAME: SMITH, JOSEPH  
STREET ADDRESS: 2708 SUNSET DRIVE  
CITY-ST-ZIP: NEW SMYRNA BEACH FL 32168-6116

TITLE: 2V ☒ Delete  
NAME: ;AW;ESS, E;;A  
STREET ADDRESS: 1325 WAY;NE AVE  
CITY-ST-ZIP: NEW SMYRNA BEACH FL 32168-2114

TITLE: RS ☒ Delete  
NAME: SHERMAN, LINDA  
STREET ADDRESS: 4426 SAXON DR  
CITY-ST-ZIP: NEW SMYRNA BEACH FL 32169

TITLE: T ☐ Delete  
NAME: GRAYSON, ROBERT  
STREET ADDRESS: 817 FAIRWAY DRIVE  
CITY-ST-ZIP: NEW SMYRNA BEACH FL 32168-6116

TITLE: CS ☐ Delete  
NAME: OLSEN, SUSAN  
STREET ADDRESS: 606 ST ANDREWS  
CITY-ST-ZIP: NEW SMYRNA BEACH FL 32168

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: 1ST VP ☐ Change ☐ Addition  
NAME: GRAYSON, ROBERT  
STREET ADDRESS: 817 FAIRWAY DRIVE  
CITY-ST-ZIP: NEW SMYRNA BEACH, FL 32168-6116

TITLE: 2ND VP ☐ Change ☐ Addition  
NAME: OLIVER, MARY ANN  
STREET ADDRESS: 431 SOUTH BLVD  
CITY-ST-ZIP: OAK HILL, FL 32759

TITLE: RS ☐ Change ☐ Addition  
NAME: OWEN, JANE  
STREET ADDRESS: 6280 S ATLANTIC AVE  
CITY-ST-ZIP: NEW SMYRNA BEACH, FL 32168

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/07