

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90030 017 ****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		
6. Name and Address of Current Registered Agent SMITH, JOSEPH 2708 SUNSET DR NEW SMYRNA BEACH, FL 32168-6116				7. Name and Address of New Registered Agent Name ROBERT L. GRAYSON Street Address (P.O. Box Number is Not Acceptable) 817 FAIRWAY DRIVE 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 <u><i>Robert L. Grayson</i></u> DATE 7-09-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, JOSEPH 2708 SUNSET DRIVE NEW SMYRNA BEACH, FL 321686116	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROBERT GRAYSON 817 FAIRWAY DR. NEW SMYRNA BEACH - FL - 32168	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP OLIVER, MARY ANN 431 SOUL BLVD OAK HILL, FL 32759	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP GRAYSON, ROBERT 817 FAIRWAY DRIVE NEW SMYRNA BEACH, FL 321686116	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition FIRST VICE PRES NANCY HAGOOD 621 S. PINE ST. NEW SMYRNA BEACH - FL - 32169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS OLSEN, SUSAN 606 ST ANDREWS NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CORRESPONDING SEC. GWEN COHEN 2018 SPYGLASS LANE NEW SMYRNA BEACH - FL - 32169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS OWEN, JANE 6280 S ATLANTIC AVE NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RECORDING SEC. LINDA SHERMAN 4426 SAXON DR NEW SMYRNA BEACH - FL 32169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TREASURER SALLEE LANGLEY 2 OAK TREE DR NEW SMYRNA BEACH - FL 32169	
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: <u><i>Robert L. Grayson</i></u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT L. GRAYSON		
DATE 7/9/08			DAYTIME PHONE # 386-427-6263		