

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003181

Entity Name: LAS NOVIAS SOCIETY, INC.

FILED  
Mar 06, 2007  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 515  
W PALM BEACH, FL 33401

## New Principal Place of Business:

4 CLOISTER CIRCLE  
W. PALM BEACH, FL 33401

## Current Mailing Address:

P.O. BOX 515  
W PALM BEACH, FL 33401

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WYNN, DAWN S  
813 S MANGONIA CIR  
W PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MARSHALL, ANGELA  
Address: 1121 2 ST  
City-St-Zip: LAKE PARK, FL 33403

Title: V ( ) Delete  
Name: HARPER, GAYLE  
Address: 4 CLOISTER CIR  
City-St-Zip: W PALM BEACH, FL 33401

Title: T ( ) Delete  
Name: LANIER, DAISY B  
Address: 1435 7 ST  
City-St-Zip: W PALM BEACH, FL 33401

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition  
Name: CUNNINGHAM, LILLIAN  
Address: 3512 WESTMINSTER DRIVE  
City-St-Zip: GREENACRES, FL 33463

Title: P (X) Change ( ) Addition  
Name: HARPER, GAYLE  
Address: 4 CLOISTER CIR  
City-St-Zip: W PALM BEACH, FL 33401

Title: T (X) Change ( ) Addition  
Name: MAYES, DELORES J  
Address: 16932 W. YORKSHIRE DRIVE  
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN S. WYNN

RA

03/06/2007

Electronic Signature of Signing Officer or Director

Date