

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # N03000003414

1. Entity Name
WORKSHOPS UNLIMITED, INCORPORATED



Principal Place of Business
**130 GRANADA ST
ROYAL PALM BEACH, FL 33411**

Mailing Address
**130 GRANADA ST
ROYAL PALM BEACH, FL 33411**



04262007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
51-0429936

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ABRAHAM, JACQUELINE
130 GRANADA ST
ROYAL PALM BEACH, FL 33411**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
RELPH, FRANCINE
PO BOX 8731
W PALM BEACH, FL 33407**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CE
ARNOLD, DEBORAH
909 29TH ST
W PALM BEACH, FL 33404**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
SCHLEIFER, MARJORIE
130 GRANADA ST
ROYAL PALM BEACH, FL 33411**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MAVOUR, JOI
1375 WEST 33RD STREET
RIVERA BEACH, FL 33404**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000747839
05/17/07-80043-004 61.25

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:

Jacqueline Abraham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2007

Date

561-791-1614

Daytime Phone #