

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003414

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: WORKSHOPS UNLIMITED, INCORPORATED

**Current Principal Place of Business:**

130 GRANADA ST  
ROYAL PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

130 GRANADA ST  
ROYAL PALM BEACH, FL 33411

**New Mailing Address:**

FEI Number: 51-0429936

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ABRAHAM, JACQUELINE  
130 GRANADA ST  
ROYAL PALM BEACH, FL 33411 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: SD ( ) Delete  
Name: RELPH, FRANCINE  
Address: PO BOX 8731  
City-St-Zip: W PALM BEACH, FL 33407

Title: CE ( ) Delete  
Name: ARNOLD, DEBORAH  
Address: 909 29TH ST  
City-St-Zip: W PALM BEACH, FL 33404

Title: CD ( ) Delete  
Name: SCHLEIFER, MARJORIE  
Address: 130 GRANADA ST  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: T ( ) Delete  
Name: WHITE, STEVE  
Address: 1660 ESSEX LANE  
City-St-Zip: RIVERA BEACH, FL 33404

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: MAVOUR, JOI  
Address: 700 OLD DIXIE HWY. #111  
City-St-Zip: LAKE PARK, FL 33403

Title: AB ( ) Change (X) Addition  
Name: WHITE, STEVE  
Address: 1660 ESSEX LANE  
City-St-Zip: RIVIERA BEACH, FL 33404

I hereby certify that the information supplied with this filing does not qualify 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: JACQUELINE ABRAHAM

RA

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date