
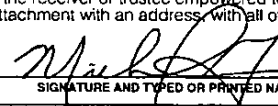


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90358 024 ****61.25

DOCUMENT # N04000004086 1. Entity Name WOMEN PLAYWRIGHTS' INITIATIVE INC					
Principal Place of Business 14507 GREYDALE CIRCLE ORLANDO, FL 32826-4221			Mailing Address 14507 GREYDALE CIRCLE ORLANDO, FL 32826-4221		
2. Principal Place of Business		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				7. Name and Address of New Registered Agent	
MICHAEL, LYNDOL 14507 GREYDALE CIRCLE ORLANDO, FL 32826-4221				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					
Filing Fee is \$61.25 Due by May 1, 2005		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	PRESIDENT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYNDOL MICHAEL		NAME		
STREET ADDRESS	14507 GREYDALE CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL 32826		CITY - ST - ZIP		
TITLE	VICE-PRESIDENT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TERRY DRYER		NAME		
STREET ADDRESS	1092 CHEYENNE TRAIL		STREET ADDRESS		
CITY - ST - ZIP	WINTER SPRINGS, FL 32708		CITY - ST - ZIP		
TITLE	TREASURER <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MICHAEL GARVEY		NAME		
STREET ADDRESS	3372 HILLMONT CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32817		CITY - ST - ZIP		
TITLE	SECRETARY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JULIA ALLARDICE GAGNE		NAME		
STREET ADDRESS	3006 HARTLAND COURT		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32826		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			25-APR-05		407-736-5143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

00049627



01312005 Chg-NP CR2E037 (10/03)

4. FEI Number
56-2455764 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required