

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004086

FILED  
May 01, 2011  
Secretary of State

**Entity Name:** WOMEN PLAYWRIGHTS' INITIATIVE INC

**Current Principal Place of Business:**

4004 MAGUIRE BLVD.  
APT. 6308  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1546  
ORLANDO, FL 328021546 US

**New Mailing Address:**

4004 MAGUIRE BLVD.  
APT. 6308  
ORLANDO, FL 32803

**FEI Number:** 56-2455764

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLER, COURTNEY  
4004 MAGUIRE BLVD.  
APT. 6308  
ORLANDO, FL 32803 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:** TREA  
**Name:** MILLER, COURTNEY  
**Address:** 4004 MAGUIRE BLVD, APT. 6308  
**City-St-Zip:** ORLANDO, FL 32803

**Title:** PREZ  
**Name:** TIWARI, ARADHANA  
**Address:** 20804 MAXIM PARKWAY  
**City-St-Zip:** ORLANDO, FL 32833

**Title:** VP  
**Name:** LINDSEY, KATHLEEN  
**Address:** 2500 LEE ROAD #106  
**City-St-Zip:** WINTER PARK, FL 32789

**Title:** SECR  
**Name:** LOCKARD, SARAH  
**Address:** 1119 ALMOND TREE CIRCLE  
**City-St-Zip:** ORLANDO, FL 32835

I hereby 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 all other like empowered.

**SIGNATURE:** COURTNEY MILLER

TREA

05/01/2011

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

\_\_\_\_\_  
Date