

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010966

FILED
Jul 11, 2006
Secretary of State

Entity Name: THE WOMEN'S INTERNATIONAL FILM AND ARTS FESTIVAL, INC.

Current Principal Place of Business:

643 WEST MELROSE CIRCLE
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

643 WEST MELROSE CIRCLE
FORT LAUDERDALE, FL 33312

New Mailing Address:

BOX 120337
FORT LAUDERDALE, FL 33312

FEI Number: 20-3774163 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCORMACK-LYONS, YVONNE
643 WEST MELROSE CIRCLE
FORT LAUDERDALE, FL 33312 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: D () Delete
Name: MCCORMACK-LYONS, YVONNE
Address: 643 WEST MELROSE CIRCLE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D () Delete
Name: LYONS, R.L.
Address: 643 WEST MELROSE CIRCLE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D () Delete
Name: HUNTER, MELISSA
Address: 3722 SW 52ND AVENUE APARTMENT 107
City-St-Zip: HOLLYWOOD, FL 33023

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:

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: YVONNE MCCORMACK-LYONS

MRS.

07/11/2006

Electronic Signature of Signing Officer or Director

Date