

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010966

FILED
May 04, 2009
Secretary of State

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

Current Principal Place of Business:

3606 GRAND AVENUE
MIAMI, FL 33133

New Principal Place of Business:

2911 GRAND AVENUE
MIAMI, FL 33133

Current Mailing Address:

BOX 120337
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 20-3774163 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

Name and Address of New Registered Agent:

MCCORMACK-LYONS, YVONNE
643 WEST MELROSE CIRCLE
FORT LAUDERDALE, FL 33312 US

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

Title: MS. () Delete
Name: DOZIER, CORNELIA DIR.
Address: 7480 FAIRWAY DRIVE, 206
City-St-Zip: MIAMI, FL 33014

Title: MS. () Delete
Name: MCGRUDER, ANITA DIR
Address: 90 NE 40TH STREET
City-St-Zip: MIAMI, FL 33137

Title: DR. () Delete
Name: SHAW, ANDREA DIR.
Address: 2265 SW 118TH AVE
City-St-Zip: MIRAMAR, FL 33025

Title: MS. () Delete
Name: KENNEDY, ROSARIO DIR.
Address: 2645 S. BAYSHORE DRIVE
City-St-Zip: MIAMI, FL 33133

Title: MS. (X) Delete
Name: MELTZER, DORIS DIR.
Address: 555 NE 34 STREET, #2111
City-St-Zip: MIAMI, FL 33137

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: () Change () Addition
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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 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

DIR

05/04/2009

Electronic Signature of Signing Officer or Director

Date