


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90022 033 ****70.00

DOCUMENT # N06000006999 1. Entity Name WOMEN IN THE ARTS, INC					
Principal Place of Business 8150 DIAMOND COVE CIRCLE ORLANDO, FL 32836			Mailing Address 8150 DIAMOND COVE CIRCLE ORLANDO, FL 32836		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P O BOX 22618			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State LAKE BUENA VISTA		4. FEI Number 20-5090019 APPLIED FOR	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Name and Address of Current Registered Agent GUERRERO, MARIA 8150 DIAMOND COVE CIRCLE ORLANDO, FL 32836	
Zip		Country		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	D GUERRERO, MARIA 8150 DIAMOND COVE CIRCLE ORLANDO, FL 32836	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASEY SCHRODER 824 RIVER WIND AVE ORLANDO FL 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, TANYA 1005 FEATHERSTONE CIR. OCOE, FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARLENE CONLEY 4707 MIRANDA CIRCLE ORLANDO, FL 32818	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASTASI, SUSAN 7441 CLARCONA OCOE, FL 32818	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVER, ERIKA 1862 TWIN LAKE DR GOTHA, FL 34734	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, DOROTHY 12931 TIGER LILY CT. CLERMONT, FL 34711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORREGROSA, SUSAN 6330 FOX BRIAR TR. ORLANDO, FL 32818	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Maria Guerrero</u> MARIA GUERRERO 4/21/08 4073541283					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					