2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005
Secretary of State

DOCUMENT# N46273

Entity Name: WOODSTOCK ARTS & CRAFTS FESTIVAL, INC.

Current Principal Place of Business:

11831 NW 25TH ST
PLANTATION, FL 33323

New Principal Place of Business:

Current Mailing Address:

1592 FUJI DRIVE
TITUSVILLE, FL 32796 US

New Mailing Address:

FEI Number: 65-0313676 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILSTEIN, RUTH
11831 NW 25TH ST
PLANTATION, FL 33323 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:	C	( ) Delete
Name:	ROONEY, MICHAEL D	
Address:	11120 NW 27 STREET	
City-St-Zip:	SUNRISE, FL 33322	
Title:	S	( ) Delete
Name:	GASTESI, SANDRA S	
Address:	10750 NW 20TH CT	
City-St-Zip:	SUNRISE, FL 33322	
Title:	T	( ) Delete
Name:	ROMER, JANET R	
Address:	1592 FUJI DRIVE	
City-St-Zip:	TITUSVILLE, FL 32796	
Title:	D	( ) Delete
Name:	MAJORANA, FRANK	
Address:	1831 NW 104 AVE	
City-St-Zip:	HOLLYWOOD, FL 33026	
Title:	D	( ) Delete
Name:	YODER, LAURIE	
Address:	10759 N.W. 26ST	
City-St-Zip:	SUNRISE, FL 33322	
Title:	D	( ) Delete
Name:	NELSON, LIZ	
Address:	2827 NW 108TH TERRACE	
City-St-Zip:	SUNRISE, FL 33322	

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
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 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 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: JANET ROMER T 01/24/2005

Electronic Signature of Signing Officer or Director — Date