

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46273

FILED
Jan 19, 2009
Secretary of State

Entity Name: WOODSTOCK ARTS & CRAFTS FESTIVAL, INC.

Current Principal Place of Business:

11330 NW 31 STREET
SUNRISE, 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:

RIVAS, PENNI
11330 NW 31 STREET
SUNRISE, 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: RIVAS, RICARDO
Address: 11330 NW 31 STREET
City-St-Zip: SUNRISE, FL 33323

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: C () Delete
Name: CLODFELTER, DWIGHT
Address: 6351 SW 35 COURT
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: YODER, LAURIE
Address: 10759 N.W. 26ST
City-St-Zip: SUNRISE, FL 33322

Title: D () Delete
Name: SHIPLEY, TODD
Address: 11075 NW 27 STREET
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
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City-St-Zip:

Title: () Change () Addition
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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: JANET R ROMER

T

01/19/2009

Electronic Signature of Signing Officer or Director

Date