2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State
03-28-2005 90062 037 ****61.25

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03112005 Chg-NP CR2E037 (10/03)

DOCUMENT # N95000004047

1. Entity Name
WOMEN'S INSTITUTE FOR CREATIVITY, INC.

Principal Place of Business	Mailing Address
~~45200 LITTLE LAKE ST.~~ ~~MENDOCINO, CA 95460~~	3325 NE 18TH ST. FORT LAUDERDALE, FL 33305

2. Principal Place of Business	3. Mailing Address
3325 NE 18 St.	2652 SE 59 Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State: Portland, OR
Zip: 33305 Country: Broward	Zip: 97206 Country: Multnomah

4. FEI Number 65-0608024 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DALGLISH, MEREDITH ~~3325 NE 18 STREET~~ 3325 NE 18 St. FT. LAUDERDALE, FL 33305 FT. LAUDERDALE FLORIDA 33305	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 _____ _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD DALGLISH, MEREDITH POST OFFICE BOX 1684 MENDOCINO, CA 95460	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BARNETT, KATE 6344 N.E. 65 TERRACE#601 PARKLAND, FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SOLER, ANJAL 3325 N.E. 18TH ST FT LAUDERDALE, FL 33305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Meredith Dalglish 3.23.05 (503) 777-6363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #