# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3

**FILED**
**Apr 27, 2005 8:00 am**
**Secretary of State**

03-28-2005 90062 037 ****61.25

66013574

DOCUMENT # N95000004047

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

Principal Place of Business
~~45200 LITTLE LAKE ST.~~
~~MENDOCINO, CA 95460~~

Mailing Address
3325 NE 18TH ST.
FORT LAUDERDALE, FL 33305

2. Principal Place of Business: 3325 NE 18 St.
Suite, Apt. #, etc.

3. Mailing Address: 2652 SE 59 Ave.
Suite, Apt. #, etc.

03112005 Chg-NP CR2E037 (10/03)

City & State: Ft. Lauderdale, FL
Zip: 33305 Country: Broward

City & State: Portland, OR
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**

DALGLISH, MEREDITH
~~3325 N.E. 18 STREET~~ 3325 NE 18 St.
FT. ~~LAUDERDALE~~ FT. LAUDERDALE
FLORIDA 33305

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (Registered Agent signature required when reinstating) DATE

**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**

| | | |
|---|---|---|
| TITLE | PD | ☐ Delete |
| NAME | DALGLISH, MEREDITH | |
| STREET ADDRESS | POST OFFICE BOX 1684 | |
| CITY-ST-ZIP | MENDOCINO, CA 95460 | |
| TITLE | STD | ☐ Delete |
| NAME | BARNETT, KATE | |
| STREET ADDRESS | 6344 N.E. 65 TERRACE#601 | |
| CITY-ST-ZIP | PARKLAND, FL 33067 | |
| TITLE | VPD | ☐ Delete |
| NAME | SOLER, ANJAL | |
| STREET ADDRESS | 3325 N.E. 18TH ST | |
| CITY-ST-ZIP | FT LAUDERDALE, FL 33305 | |
| TITLE | | ☐ Delete |
| NAME | | |
| STREET ADDRESS | | |
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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

| | | |
|---|---|---|
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
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| CITY-ST-ZIP | | |

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 #