

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G60836

FILED  
Apr 22, 2004  
Secretary of State

Entity Name: GAINESVILLE ARTISANS GUILD, INC.

**Current Principal Place of Business:**

5402 N.W. 8TH AVENUE  
GAINESVILLE, FL 32605 US

**New Principal Place of Business:**

**Current Mailing Address:**

5402 N.W. 8TH AVENUE  
GAINESVILLE, FL 32605 US

**New Mailing Address:**

FEI Number: 59-1305633      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOVKACH, WALTER M  
5011 NW 8TH AVE  
GAINESVILLE, FL 32605 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DEYRUP, MARGARET  
Address: 926 N.W. 94TH STREET  
City-St-Zip: GAINESVILLE, FL 32606

Title: VD ( ) Delete  
Name: EOFF, SARA,  
Address: 7205 NE 19TH AVE  
City-St-Zip: GAINESVILLE, FL

Title: SD ( ) Delete  
Name: LOTTINVILLE, JOYCE M, ARIE  
Address: 4234 NW 21ST DR  
City-St-Zip: EVINSON, FL

Title: TD ( ) Delete  
Name: HIRT, CINDY,  
Address: 123 FLORADANDY RD  
City-St-Zip: HAWTHORNE, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: TD ( ) Change (X) Addition  
Name: CUTLER, PENNY,  
Address: 18905 NW 151 AVE  
City-St-Zip: ALACHUA, FL 32615

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PENNY CUTLER

TD

04/22/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date