

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G60836

FILED
Apr 24, 2008
Secretary of State

Entity Name: GAINESVILLE ARTISANS GUILD, INC.

Current Principal Place of Business:

4201 NW 16TH BLVD.
GAINESVILLE, FL 32607 US

New Principal Place of Business:

4201 NW 16TH BLVD.
GAINESVILLE, FL 32605 US

Current Mailing Address:

Y4201 NW 16TH BLVD.
GAINESVILLE, FL 32607 US

New Mailing Address:

4201 NW 16TH BLVD.
GAINESVILLE, FL 32605 US

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: MURRAY, KATE
Address: 1854 NW 41ST AVE.
City-St-Zip: GAINESVILLE, FL 32605

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: EVINSTON, FL

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

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

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: TD (X) Change () Addition
Name: RAMSDEN, ANN,
Address: 4009 NW 10TH AVE.
City-St-Zip: GAINESVILLE, FL 32605

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

SIGNATURE: ANN RAMSDEN

TD

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date