

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G60836

FILED
Apr 16, 2009
Secretary of State

Entity Name: GAINESVILLE ARTISANS GUILD, INC.

Current Principal Place of Business:

4201 NW 16TH BLVD.
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

4201 NW 16TH BLVD.
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: 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 MARIE
Address: 4234 NW 21ST DR
City-St-Zip: EVINSTON, FL

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SWIFT, KATHERINE
Address: 7009 NW 49TH ST.
City-St-Zip: GAINESVILLE, FL 32653

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN P. RAMSDEN

TD

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date