

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G60836

FILED  
Feb 22, 2010  
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  
Name: SLOAN, ABE  
Address: 1903 NE 15TH ST.  
City-St-Zip: GAINESVILLE, FL 32609

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

Title: SD  
Name: LOTTINVILLE, JOYCE MARIE  
Address: 4234 NW 21ST DR  
City-St-Zip: EVINSTON, FL

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

I hereby 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 all other like empowered.

SIGNATURE: ANN RAMSDEN

TD

02/22/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date