

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G60836

FILED  
Apr 26, 2012  
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:**

201 SE SECOND AVENUE  
SUITE 113  
GAINESVILLE, FL 32601 US

**Current Mailing Address:**

4201 NW 16TH BLVD.  
GAINESVILLE, FL 32605 US

**New Mailing Address:**

201 SE SECOND AVENUE  
SUITE 113  
GAINESVILLE, FL 32601 US

**FEI Number:** 59-1304523      **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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** CATES, SHARON  
**Address:** 2540 NW 44TH PLACE  
**City-St-Zip:** GAINESVILLE, FL 32605

**Title:** VD  
**Name:** BUNTING, JEANNE  
**Address:** 1620 NW 16TH TERRACE  
**City-St-Zip:** GAINESVILLE, FL 32605

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

**Title:** TD  
**Name:** COLLETT, JACQUELYNE  
**Address:** 3619 NW 30TH BLVD.  
**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: JACQUELYNE COLLETT

TD

04/26/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date