

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001591 (5)

1. Corporation Name

MID-FLORIDA CERAMIC GUILD, INC.



Principal Place of Business

Mailing Address

2445 EASTBROOK BLVD.
WINTER PARK FL 32792

2445 EASTBROOK BLVD.
WINTER PARK FL 32792

3. Date Incorporated or Qualified
04/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3316223

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNG, ELAINE
2445 EASTBROOK BLVD.
WINTER PARK FL 32792

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President	<input type="checkbox"/> DELETE
NAME	Polly Bushee'	
STREET ADDRESS	13091 91st Street N.	
CITY-ST-ZIP	Largo, FL 34643	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Dottie Phillips	
STREET ADDRESS	637 W. Harding Street	
CITY-ST-ZIP	Orlando, FL 32805-6566	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Claine Young	
STREET ADDRESS	2445 Eastbrook, Blvd.	
CITY-ST-ZIP	Winter Park, FL 32792-1707	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Del Baker	
STREET ADDRESS	8495 91st Terr. N	
CITY-ST-ZIP	Seminole, FL 34647	
TITLE	Edna Bacon	<input type="checkbox"/> DELETE
NAME	Edna Bacon	
STREET ADDRESS	120 Ankwright Dr.	
CITY-ST-ZIP	Tampa, FL 33613	
TITLE	Bev Baker	<input type="checkbox"/> DELETE
NAME	Bev Baker	
STREET ADDRESS	8495 91st Terr. N.	
CITY-ST-ZIP	Seminole, FL 34647	

1.1 TITLE	Billie Baker	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Billie Baker	
1.3 STREET ADDRESS	2426 E. Jersey	
1.4 CITY-ST-ZIP	Orlando, FL 32806-8347	
2.1 TITLE	Barbara Green	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Barbara Green	
2.3 STREET ADDRESS	1146 Easton Street	
2.4 CITY-ST-ZIP	Orlando, FL 32825	
3.1 TITLE	Marge Traeger	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Marge Traeger	
3.3 STREET ADDRESS	543n Finchely Rd.	
3.4 CITY-ST-ZIP	Maitland, FL 32707	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Claine Young
Claine Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96

Date

407-671-2564

Daytime Phone #

CR2E037 (12/95)