


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000001591 (5)**

1. Corporation Name  
**MID-FLORIDA CERAMIC GUILD, INC.**



Principal Place of Business <b>2445 EASTBROOK BLVD. WINTER PARK FL 32782</b>	Mailing Address <b>2445 EASTBROOK BLVD. WINTER PARK FL 32782</b>
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3. Date incorporated or Qualified <b>04/05/1995</b>	
4. FEI Number <b>59-3316223</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**YOUNG, ELAINE**  
**2445 EASTBROOK BLVD.**  
**WINTER PARK FL 32782**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>CALCERANO, BETT</b>	
STREET ADDRESS	<b>531 RANGER PARK COURT</b>	
CITY-ST-ZIP	<b>DAVENPORT FL</b>	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	<b>PHILLIPS, DOTTIE</b>	
STREET ADDRESS	<b>637 W. HARDING STREET</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>YOUNG, ELAINE</b>	
STREET ADDRESS	<b>2445 EASTBROOK BLVD.</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32782-1707</b>	
TITLE	X P	<input type="checkbox"/> DELETE
NAME	<b>BAKER, DEL</b>	
STREET ADDRESS	<b>8495 91ST TERR. N</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 34647</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>BACON, EDNA</b>	
STREET ADDRESS	<b>120 ARKWRIGHT DR.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33613</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>BAKER, BEV</b>	
STREET ADDRESS	<b>8495 91ST TERR. N</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 34647</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Henriette Green</b>	
1.3 STREET ADDRESS	<b>18350 Spencer Road</b>	
1.4 CITY-ST-ZIP	<b>Odessa, FL 33556</b>	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Lorraine Mootin</b>	
2.3 STREET ADDRESS	<b>395 Monterey Drive</b>	
2.4 CITY-ST-ZIP	<b>Quiedo, FL 32765</b>	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Becky Bouman</b>	
3.3 STREET ADDRESS	<b>1707 Jeanette</b>	
3.4 CITY-ST-ZIP	<b>Apopka, FL 32712</b>	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Polly Bushee</b>	
4.3 STREET ADDRESS	<b>63995 Antigua Drive</b>	
4.4 CITY-ST-ZIP	<b>Seminole, FL 34646</b>	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Carolyn Hargartner</b>	
5.3 STREET ADDRESS	<b>109 Loyola Lane</b>	
5.4 CITY-ST-ZIP	<b>Orlando, FL</b>	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Jim Morrison</b>	
6.3 STREET ADDRESS	<b>8791 Oakdale Rd.</b>	
6.4 CITY-ST-ZIP	<b>Seminole, FL 34647</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Elaine Young* 1-20-98 407-671-2564

CR2E037 (10/97)