

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N95000001591

Entity Name: MID-FLORIDA CERAMIC GUILD, INC.

Current Principal Place of Business:

21707 QUEEN MARY CT
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

21707 QUEEN MARY CT
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-3316223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUELLER, JOYCE
21707 QUEEN MARY CT
LEESBURG, FL 34748 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: P () Delete
Name: GRAY, ALDA
Address: 310 E NOTRE DAME DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: TREMBLY, GLORIA
Address: 1225 S PINE RIDGE CIR
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: YOUNG, ELAINE
Address: 2445 EASTBROOK BLVD.
City-St-Zip: WINTER PARK, FL 32792

Title: V () Delete
Name: DEWEY, DORIS
Address: 5913 BAGPIPE PLACE
City-St-Zip: LEESBURG, FL 34748

Title: S () Delete
Name: CLOGSTON, SUE
Address: 5223 E KALEY STREET
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: DILENA, PEGGY
Address: 5902 BOUNTY CIRCLE
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: ALEWINE, THOMAS
Address: 968 SCANDIA LANE
City-St-Zip: ORLANDO, FL 32825

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

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

Title: S (X) Change () Addition
Name: HOFFMAN, LORETTA
Address: 410 FIELDSTREAM BLVD
City-St-Zip: ORLANDO, FL 32825

Title: D (X) Change () Addition
Name: M.T., PEARSON
Address: 21522 KING HENRY AVE
City-St-Zip: LEESBURG, FL 34748

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALDA GRAY

Electronic Signature of Signing Officer or Director

PRES

02/10/2009

Date