

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90214 013 ****61.25

DOCUMENT # N95000001591



1. Entity Name
MID-FLORIDA CERAMIC GUILD, INC.

Principal Place of Business
**21707 QUEEN MARY CT
LEESBURG FL 34748**

Mailing Address
**21707 QUEEN MARY CT
LEESBURG FL 34748**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-3316223**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**MUELLER, JOYCE
21707 QUEEN MARY CT
LEESBURG FL 34748**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Joyce Mueller Joyce Mueller 10 Feb 02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, LUPE	
STREET ADDRESS	7508 SUGUARO ST	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CLOGSTON, SUE	
STREET ADDRESS	5223 E KALEY STREET	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	<input type="checkbox"/> Delete
NAME	GABRIEL, PHYLLIS	
STREET ADDRESS	8103 POWELL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNETTE, JACKIE	
STREET ADDRESS	5244 KAILUE LANE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	S	<input type="checkbox"/> Delete
NAME	PHILLIPS, DOROTHY	
STREET ADDRESS	637 W HARDING ST	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURGHARDT, TED	
STREET ADDRESS	2420 DAKOTA DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32935	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Romard, Louise	
STREET ADDRESS	18312 Hollister RD	
CITY-ST-ZIP	ORLANDO, FL 32820	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Young, Elaine	
STREET ADDRESS	2445 EASTbrook Blvd	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGHARDT, Judy	
STREET ADDRESS	2420 DAKOTA Drive	
CITY-ST-ZIP	MELBOURNE, FL 32935	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lupe Rodriguez 1/12/03 407 657-8881
Date Daytime Phone #

CR2E037 (10/02)