

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2002 8:00 am
Secretary of State

01-18-2002 90005 012 ****61.25

DOCUMENT # N98000005414

1. Entity Name

SOUTHWEST FLORIDA CRAFT GUILD, INC.

Principal Place of Business

Mailing Address

~~CULTURAL PARK THEATER~~
~~528 CULTURAL PARK BLVD~~
~~CAPE CORAL FL 33990~~
~~US~~

PO BOX 150236
 CAPE CORAL FL 33915-0236



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Cape Coral Arts Studio

3. Mailing Address

Suite, Apt. #, etc.

4533 Coronado Pkwy

Suite, Apt. #, etc.

City & State

Cape Coral, Fl.

City & State

4. FEI Number

65-0787186

Applied For

Not Applicable

Zip

33904

Country

US

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOUNG, ROBERT D ESQ.
13180 NORTH CLEVELAND AVENUE
SUITE 126
NORTH FORT MYERS FL 33903

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.

SIGNATURE _____

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	CAMPBELL, JERRY	<i>CHURCHILL</i>
STREET ADDRESS	2629 COCONUT DR	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SCHOOLEY, CAROLYN	
STREET ADDRESS	9170 MARI GOLD CT	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BEARD, MARGARET	
STREET ADDRESS	4213 SE 2ND AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBI, ANNA M	
STREET ADDRESS	3517 S.E. 19TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MUENCH, EMILY	
STREET ADDRESS	1119 PERIWINKLE WAY	
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, HELEN	
STREET ADDRESS	1403 S.E. 19TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33990	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Tom Campbell</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>1403 S.E. 19th St.</i>	
CITY-ST-ZIP	<i>Cape Coral Fl. 33990</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Mia Marina</i>	
STREET ADDRESS	<i>1217 E Cape Coral Pkwy #193</i>	
CITY-ST-ZIP	<i>Cape Coral Fl 33904</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Petra Kaiser</i>	
STREET ADDRESS	<i>3732 SE 21st Pl</i>	
CITY-ST-ZIP	<i>Cape Coral Fl. 33904</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Nancy Metz Smith</i>	
STREET ADDRESS	<i>3792 San Carlos Dr</i>	
CITY-ST-ZIP	<i>St. James City, Fl. 33956</i>	

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: *Jerry R. Churchill (President)* **01-08-02** **941-472-3876**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)