


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90010 004 \*\*\*\*61.25

<b>DOCUMENT # N98000005414</b>					
1. Entity Name <b>SOUTHWEST FLORIDA CRAFT GUILD, INC.</b>					
Principal Place of Business CAPE CORAL ARTS STUDIO 4533 CORONADO PKWY CAPE CORAL, FL 33904 US			Mailing Address PO BOX 150236 CAPE CORAL, FL 33915-0236		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>65-0787186</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<del>YOUNG, ROBERT D ESQ.</del> <del>13180 NORTH CLEVELAND AVENUE</del> <del>SUITE 126</del> <del>NORTH FORT MYERS, FL 33903</del>				Name <u>Emily Muench</u> Street Address (P.O. Box Number is Not Acceptable) <u>1119 Periwinkle Way</u> <u>Sanibel</u> City <u>Sanibel</u> <b>FL</b> Zip Code <u>33957</u>	
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 <u>Emily Muench</u>				DATE <u>3-22-04</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<del>X</del> V P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHURHIL, JERRY		NAME	Allen Quandee	
STREET ADDRESS	2629 COCONUT DR		STREET ADDRESS	3828 SE 7th Avenue	
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP	Cape Coral, Fl 33904	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, TOM		NAME	Valerie Jewell	
STREET ADDRESS	1403 SE 19TH ST		STREET ADDRESS	325 Royal Palm Park Road	
CITY-ST-ZIP	CAPE CORAL, FL 33990		CITY-ST-ZIP	Fort Myers, FL 33905	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Recording Secy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARINA, MIA		NAME	Sy Plonsky	
STREET ADDRESS	1217 E. CAPE CORAL PKWY #193		STREET ADDRESS	5342 Nautilus Dr.	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	<del>X</del> V P	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOBI, ANNA M		NAME	Jim Sobel	
STREET ADDRESS	3517 S.E. 19TH PLACE		STREET ADDRESS	1934 SE 37th Terrace	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	Cape Coral Fl. 33904	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAISER, PETRA		NAME	Kathy Baynton	
STREET ADDRESS	3732 SE 21ST PL		STREET ADDRESS	2022 Savona Parkway	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	Cape Coral, Fl 33904	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Jerry Churchill; 2nd VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, NANCY M		NAME		
STREET ADDRESS	3792 SAN CARLOS DR		STREET ADDRESS	2629 Coconut Dr	
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956		CITY-ST-ZIP	Sanibel Fl. 33957	
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: <u>Emily Muench</u>				DATE <u>3-22-04</u> DAYTIME PHONE # <u>239-472-2812</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

34041303



02012004 Chg-NP CR2E037 (10/03)