

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90083 040 ****61.25



DOCUMENT # N98000005414
1. Entity Name
SOUTHWEST FLORIDA CRAFT GUILD, INC.

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number **65-0787186**

Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**MUENCH, EMILY
1119 PERIWINKLE WAY
SANIBEL FL 33957**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 checked="" type="checkbox"/> Delete
NAME	QUANDEE, ALLEN	
STREET ADDRESS	3828 SE 7TH AVE.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JEWELL, VALERIE	
STREET ADDRESS	325 ROYAL PALM PARK RD.	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	RS	<input type="checkbox"/> Delete
NAME	PLONSKY, SY	
STREET ADDRESS	5342 NAUTILUS DR.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACOBI, ANNA M	
STREET ADDRESS	3517 S.E. 19TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOBEL, JIM	
STREET ADDRESS	1934 SE 37TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYNTON, KATHY	
STREET ADDRESS	2022 SAVONA PARK WAY	
CITY-ST-ZIP	CAPE CORAL FL 33904	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cynthia McIntyre	
STREET ADDRESS	8891 Crown Colony Blvd	
CITY-ST-ZIP	Fort Myers Fl. 33908	
TITLE	Quandee, Allen Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Quandee, Allen	
STREET ADDRESS	3828 SE 7th Ave	
CITY-ST-ZIP	Cape Coral - Fl. 33904	
TITLE	1st VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lois Johnston	
STREET ADDRESS	1101 SW 11th Avenue	
CITY-ST-ZIP	Cape Coral Fl. 33991	
TITLE	2nd VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Emily Muench	
STREET ADDRESS	1119 Periwinkle Way	
CITY-ST-ZIP	Sanibel Fl 33957	
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		

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: Emily Muench **2-25-05** **239-472-2812**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #