


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State


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

DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0787186	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCINTYRE, CYNTHIA L
 8891 CROWN COLONY BLVD
 FORT MYERS, FL 33908

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$61.25
Due by May 1, 2008

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

U00000773869
 01/11/2008-80054-019 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCINTYRE, CYNTHIA 8891 CROWN COLONY BLVD FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RISHER, JEANNE 330 EAST GULF DRIVE SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS BISSON, MARSHA 11110 CARAVEL CIRCLE UNIT 102 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP ROBERTSON, BOBBI 4415 TEASDALE DRIVE NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR JACOBI, ANNA MARIE 3517 SE 19TH PLACE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BOYNTON, KATHY 2022 SAVONA PARK WAY CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jeanne M. Risher Jeanne M. Risher 1/8/08 239-4164-1834

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