**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 10 PM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000006021 (9)

1. Corporation Name
INDIAN RIVER CRAFTERS GUILD, INC.

Principal Place of Business
3117 S. INDIAN RIVER DRIVE
FT. PIERCE FL 34982-7746

Mailing Address
3117 S. INDIAN RIVER DRIVE
FT. PIERCE FL 34982-7746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1994
3a. Date of Last Report:
4. FEI Number: 65-0544084 ✓ Applied For / Not Applicable
~~Applied For Dec 1994~~

2. Principal Place of Business
21 201 North Second St.
Suite, Apt. #, etc. 22
City & State 23 Fort Pierce FL
Zip 24 34950 Country 25 USA

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
LIBUHA BASILICO, CATHERYN M
3117 S. INDIAN RIVER DRIVE
FT. PIERCE FL 34982-7746

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Catheryn M. Libuha Basilico — President, Board of Directors — January 15, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D P T | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | LIBUHA BASILICO, CATHERYN M | 1.2 NAME | |
| STREET ADDRESS | 3117 S. INDIAN RIVER DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. PIERCE FL 34982-7746 | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | HELLSTROM, JANIE | 2.2 NAME | |
| STREET ADDRESS | 1201 HERON AVE. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. PIERCE FL 34982 | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | GONANO, MELINDA | 3.2 NAME | |
| STREET ADDRESS | 600 FRENCH CREEK LANE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. PIERCE FL 34982 | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | J. Paul Hershiser | 4.2 NAME | |
| STREET ADDRESS | 2956 SE Dalhart Rd. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | Port St. Lucie, FL 34952 | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

OMIT — RESIGNED

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Catheryn M. Libuha Basilico, President — 3/15/95 — 415-0052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CATHERYN M. LIBUHA BASILICO

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