

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000178

FILED
Jul 07, 2004
Secretary of State

Entity Name: MID FLORIDA CERAMIC GUILD WEST COAST, INC.

Current Principal Place of Business:

8791 OAKDALE ROAD
SEMINOLE, FL 33777

New Principal Place of Business:

Current Mailing Address:

8791 OAKDALE ROAD
SEMINOLE, FL 33777

New Mailing Address:

4453 HUNTINGTON CIRCLE
NICEVILLE, FL 33777

FEI Number: 59-3316223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRISON, LOLA A
8791 OAKDALE ROAD
SEMINOLE, FL 33777

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORRISON, LOLA A
Address: 8791 OAKDALE ROAD
City-St-Zip: SEMINOLE, FL 33777

Title: VPD () Delete
Name: KELLY, SUE
Address: 1010 68TH ST SW
City-St-Zip: BRADENTON, FL 34209

Title: M () Delete
Name: KELLEY, KATHY
Address: 131 BROADWAY ST
City-St-Zip: DUNEDIN, FL 33706

Title: TD () Delete
Name: LAGANA, SHIRLEY
Address: 5590 96TH TERR.
City-St-Zip: PINELLAS PARK, FL 33782

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOLA ANN MORRISON

PD

07/07/2004

Electronic Signature of Signing Officer or Director

Date