

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


FILED

05 OCT 18 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 05



10032005 REIN-NP CR2E099 (6/04)

DOCUMENT # N00000000178					
1. Entity Name MID FLORIDA CERAMIC GUILD WEST COAST, INC.					
Principal Place of Business 8791 OAKDALE ROAD SEMINOLE, FL 33777			Mailing Address 4453 HUNTINGTON CIRCLE NICEVILLE, FL 33777		
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 59-3316223				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MORRISON, LOLA A 8791 OAKDALE ROAD SEMINOLE, FL 33777				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 <u>Lolita Morrison</u> 10/1/2005 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	MORRISON, LOLA A				
STREET ADDRESS	8791 OAKDALE ROAD				
CITY - ST - ZIP	SEMINOLE, FL 33777				
TITLE	VPD	<input checked="" type="checkbox"/> Delete			
NAME	KELLY, SUE				
STREET ADDRESS	1010 68TH ST SW				
CITY - ST - ZIP	BRADENTON, FL 34209				
TITLE	M	<input checked="" type="checkbox"/> Delete			
NAME	KELLEY, KATHY				
STREET ADDRESS	131 BROADWAY ST				
CITY - ST - ZIP	DUNEDIN, FL 33706				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	LAGANA, SHIRLEY				
STREET ADDRESS	5590 96TH TERR.				
CITY - ST - ZIP	PINELLAS PARK, FL 33782				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Debra Reams				
STREET ADDRESS	5530 65th Terrace				
CITY - ST - ZIP	Pinellas Park, FL 33781				
TITLE	Membership	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Rose Ann Manzella				
STREET ADDRESS	5416 5th Ave. Dr. N.W.				
CITY - ST - ZIP	Bradenton, FL 34209				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Angel Cartwright				
STREET ADDRESS	514 2nd Ave. W.				
CITY - ST - ZIP	Bradenton, FL 34205				
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 <u>Lolita Morrison</u> 10/1/2005 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					