

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G60836

**Entity Name:** GAINESVILLE ARTISANS GUILD, INC.

**Current Principal Place of Business:**

201 SE SECOND AVENUE  
SUITE 113  
GAINESVILLE, FL 32601

**Current Mailing Address:**

201 SE SECOND AVENUE  
SUITE 113  
GAINESVILLE, FL 32601 US

**FEI Number:** 59-1304523

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TOVKACH, WALTER M  
5011 NW 8TH AVE  
GAINESVILLE, FL 32605 US

*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

**Officer/Director Detail :**

Title PD  
Name CATES, SHARON  
Address 2540 NW 44TH PLACE  
City-State-Zip: GAINESVILLE FL 32605

Title VD  
Name BUNTING, JEANNE  
Address 1620 NW 16TH TERRACE  
City-State-Zip: GAINESVILLE FL 32605

Title SD  
Name LOTTINVILLE, JOYCE MARIE  
Address 4234 NW 21ST DR  
City-State-Zip: EVINSTON FL

Title TD  
Name COLLETT, JACQUELYNE  
Address 3619 NW 30TH BLVD.  
City-State-Zip: GAINESVILLE FL 32605

*I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JACQUELYNE COLLETT

**TREASURER**

01/27/2015

Electronic Signature of Signing Officer/Director Detail

Date