

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G60836

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

**Current Principal Place of Business:**

224 NORTHWEST 2ND AVENUE  
GAINESVILLE, FL 32601

**Current Mailing Address:**

224 NORTHWEST 2ND AVENUE  
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 BUNTING, JEANNE  
Address 224 NORTHWEST 2ND AVENUE  
City-State-Zip: GAINESVILLE FL 32601

Title VD  
Name HOGAN, ABBY  
Address 224 NORTHWEST 2ND AVENUE  
City-State-Zip: GAINESVILLE FL 32601

Title SD  
Name LOTTINVILLE, JOYCE MARIE  
Address 224 NORTHWEST 2ND AVENUE  
City-State-Zip: GAINESVILLE FL 32601

Title TD  
Name COLLETT-DIAMOND, JACQUELYNE  
Address 224 NORTHWEST 2ND AVENUE  
City-State-Zip: GAINESVILLE FL 32601

*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-DIAMOND

**TREASURER**

01/15/2021

Electronic Signature of Signing Officer/Director Detail

Date