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May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738395 (3)

1. Corporation Name

JACKSONVILLE WEAVERS' GUILD, INC.

Principal Place of Business

Mailing Address

3336 HOLLYCREST BLVD
ORANGE PARK FL 32065
US

3336 HOLLYCREST BLVD
ORANGE PARK FL 32065
US

3. Date Incorporated or Qualified

03/18/1977

4. FEI Number

59-1746827

Applied For

Not Applicable

2. Principal Place of Business

21 14028 Mandarin Oaks Ln

Suite, Apt. #, etc.

22

City & State

23 Jacksonville, FL

Zip

24 32223

Country

25 USA

2a. Mailing Address

26 14028 Mandarin Oaks Ln

Suite, Apt. #, etc.

27

City & State

28 Jacksonville, FL

Zip

29 32223

Country

30 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERRY, ETHELIA
3336 HOLLYCREST BLVD
ORANGE PARK FL 32065

81 Name

Betty Francis

82 Street Address (P.O. Box Number is Not Acceptable)

14028 Mandarin Oaks Lane

83

84 City

Jacksonville

FL

85 Zip Code
32223

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

B. Francis
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/21/98
DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME WALLACE, AUDREY
STREET ADDRESS 780 NORTHINGTON FOREST CIRCLE
CITY-ST-ZIP JACKSONVILLE FL 32259
☒ DELETE

TITLE VP
NAME PITTMAN, TAMMY
STREET ADDRESS 3740 CATTAIL DRS
CITY-ST-ZIP JACKSONVILLE FL 32223
☒ DELETE

TITLE SECRETARY
NAME WAGAND, SHARON
STREET ADDRESS 2715 VICTORIAN OAKS DR.
CITY-ST-ZIP JACKSONVILLE FL
☐ DELETE

TITLE T
NAME PERRY, ETHELIA
STREET ADDRESS 3336 HOLLYCREST BLVD
CITY-ST-ZIP ORANGE PARK FL
☒ DELETE

TITLE D
NAME WROTEN, BARBARA
STREET ADDRESS 11355 HARBOUR WOODS RD S.
CITY-ST-ZIP JACKSONVILLE FL 32225
☒ DELETE

TITLE D
NAME LEE, ESME
STREET ADDRESS 1129 SUNNYMEADE DR.
CITY-ST-ZIP JACKSONVILLE FL 32211
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME TAMIE PITMAN
1.3 STREET ADDRESS 3740 Cattail Drive South
1.4 CITY-ST-ZIP Jacksonville, FL 32223
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE TREASURER
4.2 NAME BETTY FRANCIS
4.3 STREET ADDRESS 14028 Mandarin Oaks Lane
4.4 CITY-ST-ZIP Jacksonville, FL 32223
☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 600002534046
5.4 CITY-ST-ZIP -05/22/98--01104--037
***\$61.25
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. 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 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

B. Francis

4/21/98 (904) 281 7884

CR2E037 (10/97)