1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738395

1. Corporation Name

JACKSONVILLE WEAVERS' GUILD, INC.

Country

Principal Place of Business 14028 MANDRIN OAKS LN JACKSONVILLE FL 32122-3 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

14028 MANDRIN OAKS LN JACKSONVILLE FL 32122-3

US

26

27

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FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90068 024 ****61.25



Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

03/18/1977

59-1746827

FEI Number

8 Name and Address of Current Registered Agent 8 Name 8 Name 8 Name 8 Name 8 Name 8 Street Address (P.O. Box Number is Not Acceptable) 12 8 Street Address (P.O. Box Number is Not Acceptable) 12 8 Street Address (P.O. Box Number is Not Acceptable) 12 8 Street Address (P.O. Box Number is Not Acceptable) 13 8 Street Address (P.O. Box Number is Not Acceptable) 14 8 Street Address (P.O. Box Number is Not Acceptable) 15 8 Street Address (P.O. Box Number is Not Acceptable) 16 8 Street Address (P.O. Box Number is Not Acceptable) 17 8 3	24	25	[29]	30	<u></u>			Irust Fund Contribu		Added to	1 663
BETTY FRANCIS H928 MANDRIN OAKS LN- JACKSONVILLE FL 32122-3 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 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, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, types or presed name of registered agent and size if explications. SIGNATURE Signature, types or presed name of registered agent and size if explications. INOTE: Registered Agent signature required inter refristating). DATE 12. OFFICERS AND DIRECTORS 113. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P/D TAMIE PITMAN 12. NAME 13. STREET ADDRESS ACKSONVILLE FL 32223 14. CITY: 51-2P TITLE S CITY: 51-2P ACKSONVILLE FL 32122-3 DELETE 17. D DELETE 17. STREET ADDRESS ACKSONVILLE FL 32122-3 ACKSONVILLE FL 32211 ACKSONVILLE FL	Name and Address of Current Registered Agent							10. Name and Address	of New Regist	ered Agent	
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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 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, or and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Table							-				
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Signature, typed of printed name of registered agent and tille if applicable. (NOTE: Repistered Agent signature required when reinstating) DALE	office or n	egistered agent, or both	n, in the State of Florida, Such	change was author	orized by	tne com	ooration's	s board of directors. I he	reby accept the	appointment as reg	istered
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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	14. I hereby	certify that the informati	on supplied with this filing doe	s not qualify for th	e exempt	ion state	ed in Sec	ction 119.07(3)(i), Florida	Statutes. I furth	er certify that the in	formation

Country

6. Thereby certify that the information supplied with this filling does not qualify for the exemption state in 1850/(5)(f), Fibrida Statutes. Indicate 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, with all other like empowered.

SIGNATURE:

URE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

5/1/9<u>9</u>

904 - 281 - 7889 Dayling Phone #

2E037 (11/08)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable