

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 738395 1. Entity Name JACKSONVILLE WEAVERS' GUILD, INC.	
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Principal Place of Business 7152 LONE STAR RD JACKSONVILLE, FL 32211 US	Mailing Address 7152 LONE STAR RD JACKSONVILLE, FL 32211 US
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04272004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1746827	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SOLES, NEDRA 11448 WILLET COURT S JACKSONVILLE, FL 32225

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHULTZ, LINDA 380 S. MILL VIEW WAY PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOLES, NEDRA 11448 WILLET CT S JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETTY FRANCIS 14028 MANDRIN OAKS LN JACKSONVILLE, FL 321223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, ESME 1129 SUNNYMEADE DR. JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROOKS, LYNNE 9416 SANDLER RD JACKSONVILLE, FL 32222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000138500
04/29/04-80084-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Nedra Soles (NEDRA SOLES) 4-27-04 904-925-0319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #