


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90031 027 \*\*\*\*61.25

<b>DOCUMENT # 738395</b>			
1. Entity Name JACKSONVILLE WEAVERS' GUILD, INC.			
Principal Place of Business 7152 LONE STAR RD JACKSONVILLE, FL 32211 US		Mailing Address 7152 LONE STAR RD JACKSONVILLE, FL 32211 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>204 30th Avenue South</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Jacksonville Beach, FL</i>	
Zip	Country	Zip	Country
		<i>32250</i>	<i>USA</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GELLER, CONNIE 204 30TH AVENUE S JACKSONVILLE BEACH, FL 32250		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, LINDA	NAME	
STREET ADDRESS	380 S MILL VIEW WAY	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, SUSAN	NAME	
STREET ADDRESS	1912 HICKORY LANE	STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY FRANCIS	NAME	
STREET ADDRESS	14028 MANDRIN OAKS LN	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 321223	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, ESME'	NAME	
STREET ADDRESS	1129 SUNNYMEADE DR.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, LYNETTE	NAME	
STREET ADDRESS	P.O. BOX 16345	STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32035	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELLER, CONNIE	NAME	
STREET ADDRESS	204 30TH AVENUE SOUTH	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Connie Geller</i>		Date: <i>2/5/07</i> Daytime Phone #: <i>904-249-1761</i>	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	