


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90049 027 ****61.25

DOCUMENT # 738395

1. Entity Name
JACKSONVILLE WEAVERS' GUILD, INC.



Principal Place of Business
7152 LONE STAR RD
JACKSONVILLE, FL 32211 US


Mailing Address
~~204 30TH AVE. S.~~
~~JACKSONVILLE BEACH, FL 32250 US~~

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
1129 Sunnymead Dr
 Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

Zip Country
32211 USA



01122008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1746827

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GELLER, CONNIE
204 30TH AVENUE S
JACKSONVILLE BEACH, FL 32250

7. Name and Address of New Registered Agent
 Name **ESME' LEE**
 Street Address (P.O. Box Number is Not Acceptable)
1129 SUNNYMEADE DRIVE
JACKSONVILLE
 City **FL** Zip Code **32211**

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 *Connie Geller* *Esme' Lee* **4/15/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHULTZ, LINDA 380 S. MILL VIEW WAY PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALLACE, SUSAN 1912 HICKORY LANE ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETTY FRANCIS 14028 MANDRIN OAKS LN JACKSONVILLE, FL 021223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, ESME' 1129 SUNNYMEADE DR. JACKSONVILLE, FL 32211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, LYNETTE P.O. BOX 16345 FERNANDINA BEACH, FL 32035	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GELLER, CONNIE 204 30TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12834 MANDARIN ROAD 32223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Esme' Lee* **ESME' LEE** **4/15/08** **904 720 0496**
Signature and typed or printed name of signing officer or director Date Daytime Phone #