2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738395

FILED Apr 09, 2009 Secretary of State

Entity Name: JACKSONVILLE WEAVERS' GUILD, INC.

Current Principal Place of Business: New Principal Place of Business:

7152 LONE STAR RD 101 W 1ST ST

JACKSONVILLE, FL 32211 US JACKSONVILLE, FL 32206 US

Current Mailing Address: New Mailing Address:

1129 SUNNMEADE DR 96203 MONTEGO BAY

JACKSONVILLE, FL 32211 US FERNANDINA BEACH, FL 32034 US

FEI Number: 59-1746827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEE, ESME'
1129 SUNNYMEADE DRIVE
1140/SONNYMEADE DRIVE
1150/SONNYMEADE DRIVE

JACKSONVILLE, FL 32211 US UNIT 6

JACKSONVILLE, FL 32034 US

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.

SIGNATURE: JAYNE GASKINS 04/09/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: SD () Delete Title: P (X) Change () Addition

Name: SCHULTZ, LINDA Name: HOLMES, LYNETTE
Address: 380 S. MILL VIEW WAY Address: 96203 MENTEGO BAY

City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: FERNANIDNA BEACH, FL 32034

Title: P () Delete Title: VP (X) Change () Addition Name: WALLACE, SUSAN Name: SCHULTZ, LINDA

Address: 1912 HICKORY LANE Address: 380 S. MILL VIEW WAY
City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip: PONTE VEDRA BEACH, FL 32081

Title: D () Delete Title: T (X) Change () Addition

 Name:
 BETTY FRANCIS
 Name:
 GASKINS, JAYNE

 Address:
 12834 MANDARIN ROAD
 Address:
 95101 AMALFI DR. UNIT 6

 City-St-Zip:
 JACKSONVILLE, FL 32223 US
 City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: T () Delete Title: S (X) Change () Addition

Name:LEE, ESME¹Name:STODOLA, ANNAddress:1129 SUNNYMEADE DR.Address:6481 BROOKLYN BAY RDCity-St-Zip:JACKSONVILLE, FL 32211City-St-Zip:KEYSTONE HEIGHTS, FL 32656

 $\label{eq:title: V () Delete Title: D (X) Change () Addition}$

Name: HOLMES, LYNETTE Name: FRANCIS, BETTY

Address: P.O. BOX 16345 Address: 12834 MANDARIN OAKS LANE
City-St-Zip: FERNANDINA BEACH, FL 32035 City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete Title: () Change () Addition

 Name:
 GELLER, CONNIE
 Name:

 Address:
 204 30TH AVENUE SOUTH
 Address:

 City-St-Zip:
 JACKSONVILLE BEACH, FL 32250
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAYNE GASKINS VP 04/09/2009