

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738395

FILED  
Apr 14, 2010  
Secretary of State

Entity Name: JACKSONVILLE WEAVERS' GUILD, INC.

**Current Principal Place of Business:**

101 W 1ST ST  
JACKSONVILLE, FL 32206 US

**New Principal Place of Business:**

1135 MONTEGO RD W  
JACKSONVILLE, FL 32216 US

**Current Mailing Address:**

96203 MONTEGO BAY  
FERNANDINA BEACH, FL 32034 US

**New Mailing Address:**

1135 MONTEGO RD W  
JACKSONVILLE, FL 32216 US

FEI Number: 59-1746827

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GASKINS, JAYNE  
95101 AMALFI DRIVE  
UNIT 6  
JACKSONVILLE, FL 32034 US

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

KESSLER, LEONELLE  
1135 MONTEGO RD W  
JACKSONVILLE, FL 32216 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: LEONELLE N. KESSLER

04/14/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SCHULTZ, LINDA  
Address: 380 S. MILL VIEW WAY  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP  
Name: APPLGATE, JEANNIE  
Address: 11135 CHESTER LAKE RD E  
City-St-Zip: JACKSONVILLE, FL 32256

Title: T  
Name: KESSLER, LEONELLE  
Address: 1135 MONTEGO RD W  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: S  
Name: WALLACE, SUSAN  
Address: 1912 HICKORY LANE  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D  
Name: HOLMES, LYNETTE  
Address: 96203 MONTEGO BAY  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D  
Name: GELLER, CONNIE  
Address: 204 30TH AVENUE SOUTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby 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 all other like empowered.

SIGNATURE: LEONELLE N. KESSLER

T

04/14/2010

Electronic Signature of Signing Officer or Director

Date