

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009385

FILED
Feb 04, 2007
Secretary of State

Entity Name: MANASOTA WEAVERS GUILD, INC.

Current Principal Place of Business:

40 NORTH ADAMS DRIVE
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

PO BOX 21536
SARASOTA, FL 342764536

New Mailing Address:

FEI Number: 59-1718516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, ROBERT
6423 WOODBIRCH PLACE
SARASOTA, FL 34238 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BEAUCHAMP, KIRSTY
Address: 1012 DANNY DR
City-St-Zip: BRADENTON, FL 34243

Title: D () Delete
Name: HAYES, KATHLEEN Z
Address: 1434 LADUE LANE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: CARLSON, MAUREEN
Address: 6915 LANGLEY PLACE
City-St-Zip: UNIVERISTY PARK, FL 34201

Title: D () Delete
Name: KING, KATHRYN
Address: 2422 JUNIPER PLACE
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: SUE, MC GRATH
Address: 7923 KAVANAUGH CT
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BEAUCHAMP, KIRSTY V-PRES
Address: 1012 DANNY DR
City-St-Zip: BRADENTON, FL 34243

Title: D (X) Change () Addition
Name: HAYES, KATHLEEN Z PRES
Address: 1434 LADUE LANE
City-St-Zip: SARASOTA, FL 34231

Title: D (X) Change () Addition
Name: CARLSON, MAUREEN SEC
Address: 6915 LANGLEY PLACE
City-St-Zip: UNIVERISTY PARK, FL 34201

Title: D (X) Change () Addition
Name: KING, KATHRYN TREAS
Address: 2422 JUNIPER PLACE
City-St-Zip: SARASOTA, FL 34239

Title: D (X) Change () Addition
Name: LEWIS, ROBERT L PROGRAM
Address: 6423 WOODBIRCH CT
City-St-Zip: SARASOTA, FL 34238

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHRYN KING

D

02/04/2007

Electronic Signature of Signing Officer or Director

Date