2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# N02000009385

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: SMITH, MARIE PRES
Address: 9787 KNIGHTSBRIDGE CR
City-St-Zip: SARASOTA, FL 34238 32

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

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

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BADGER, SANDY PRES
Address: 7836 CAVANAGH CT
City-St-Zip: SARASOTA, FL 34240

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: ARENA, LAURA PROGRAM
Address: 11989 SURREY AVE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: D ( ) Change (X) Addition
Name: MYTINGER, KATHRYN V-PRES
Address: 7071 WEBBER RD
City-St-Zip: SARASOTA, FL 34240

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: KATHRYN KING TREA 01/23/2009

Electronic Signature of Signing Officer or Director — Date