

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009385

FILED  
Mar 25, 2012  
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 34276

**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  
Name: STUBBE, JOZETTE PRES  
Address: 428 VERONESE DR  
City-St-Zip: NOKOMIS, FL 34275

Title: D  
Name: CARLSON, MAUREEN SEC  
Address: 2418 ALPINE AVE  
City-St-Zip: SARASOTA, FL 34239

Title: D  
Name: OVERTON, LYNN TREAS  
Address: 834 SOUTHERN PINE LN  
City-St-Zip: SARASOTA, FL 34243

Title: D  
Name: WENDY, HARRISON V-PRES  
Address: 1615 AVALON PL  
City-St-Zip: FORT MYERS, FL 33901

Title: D  
Name: LOIS, MILLS PROGRAM  
Address: 4548 MOHICAN TR  
City-St-Zip: SARASOTA, FL 34233

Title: D  
Name: KING, KATHRYN H  
Address: 2422 JUNIPER PL  
City-St-Zip: SARASOTA, FL 34239

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: KATHRYN KING

DIR

03/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date