

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 18 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # N11091 (8)**

1. Corporation Name

**THE FLORIDA TROPICAL WEAVERS' GUILD, INC.**

Principal Place of Business

1001 OLD EUSTIS RD.  
MT. DORA FL 32757

Mailing Address

1001 OLD EUSTIS RD.  
MT. DORA FL 32757

3. Date Incorporated or Qualified  
**09/13/1985**

3a. Date of Last Report  
**04/11/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24  
MCGIMSEY-MCRAE  
1001 OLD EUSTIS RD.  
MT. DORA FL 32757

29

30

4. FEI Number  
**59-2594785**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Susan McGimsey-McRae*

*Susan McGimsey-McRae*

2-14-96

(Signature, typed or printed name of registered agent and the if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME KAHRS, NANCY  
STREET ADDRESS 664 BROOK LAVEN WAY  
CITY-ST-ZIP NICEVILLE FL ☒ DELETE

TITLE VD  
NAME BARRETT, TERESA  
STREET ADDRESS 220 TAMPA DOWNS BLVD  
CITY-ST-ZIP LUTZ FL ☒ DELETE

TITLE TD  
NAME MCGIMSEY-MCRAE, S.  
STREET ADDRESS 1001 OLD EUSTIS RD.  
CITY-ST-ZIP MT. DORA FL 32757 ☐ DELETE

TITLE S  
NAME CARR, SANDRA  
STREET ADDRESS 1020 BEE POND RD  
CITY-ST-ZIP PALM HARBOR FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Theo Thibado  
1.3 STREET ADDRESS 7655 W. Drovers St.  
1.4 CITY-ST-ZIP Homosassa, FL 34446

2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME Judith Brodeur  
2.3 STREET ADDRESS 1711 Belvedere Rd.  
2.4 CITY-ST-ZIP Englewood, FL 34223

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME Myra Hudson  
4.3 STREET ADDRESS 4450 NW 18th Place  
4.4 CITY-ST-ZIP Gainesville, FL 32605-3424

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS 100001786301  
5.4 CITY-ST-ZIP -04/18/96--01114--042

6.1 TITLE \*\*\*61.25 ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Susan McGimsey-McRae*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Susan McGimsey-McRae

2

Date

Daytime Phone #

904-735-2305

CR2E037 (12/95)