

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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 32757-9448
---	--



2. Principal Place of Business 21 304 MINDY DR Suite, Apt. #, etc. 22 City & State 23 LARGO FL Zip 24 33771		2a. Mailing Address 26 304 MINDY DR Suite, Apt. #, etc. 27 City & State 28 LARGO FL Zip 29 33771		3. Date Incorporated or Qualified 09/13/1985		3a. Date of Last Report 04/18/1996	
25 PINELLAS		30 PINELLAS		4. FEI Number 59-2594785		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent MCGIMSEY-MCRAE, SUSAN 1001 OLD EUSTIS RD. MT. DORA FL 32757				10. Name and Address of New Registered Agent 81 Name PIOTTER, JUDITH C. 82 Street Address (P.O. Box Number is Not Acceptable) 304 MINDY DRIVE 83 84 City LARGO FL 85 Zip Code 33771			
---	--	--	--	---	--	--	--

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 *Judith C. Piotter*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THIBADO, THEO			1.2 NAME	SANDRA CARR		
STREET ADDRESS	7655 W DROVER ST			1.3 STREET ADDRESS	1020 BEE POND		
CITY-ST-ZIP	HOMOSASSA FL 34446			1.4 CITY-ST-ZIP	PALM HARBOR FL 34683		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRISCOE, JUDITH			2.2 NAME	MARY JANE McLEAN		
STREET ADDRESS	1711 BELVEDERE RD			2.3 STREET ADDRESS	104 LYONIA LANE CCL		
CITY-ST-ZIP	ENGLEWOOD FL 34223			2.4 CITY-ST-ZIP	WILDWOOD FL 34785		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	FRANKS, JUD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGIMSEY-MCRAE, S.			3.2 NAME	JUDITH C. PIOTTER		
STREET ADDRESS	1001 OLD EUSTIS RD.			3.3 STREET ADDRESS	304 MINDY DR		
CITY-ST-ZIP	MT. DORA FL 32757			3.4 CITY-ST-ZIP	LARGO FL 33771		
TITLE	S	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUDSON, MYRA			4.2 NAME	JULIA COSBY		
STREET ADDRESS	4430 NW 18TH PLACE			4.3 STREET ADDRESS	20 ORANGE AVE		
CITY-ST-ZIP	GAINESVILLE FL 32605-3424			4.4 CITY-ST-ZIP	ROCKLEDGE FL 32955		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Judith C. Piotter* 4/3/97

CR2E037 (9/96)