

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90388 018 \*\*\*\*61.25

**DOCUMENT # N11091**

1. Entity Name

THE FLORIDA TROPICAL WEAVERS' GUILD, INC.



Principal Place of Business

12016 LAKESHORE DR  
CLERMONT FL 34711  
US

Mailing Address

12016 LAKESHORE DR  
CLERMONT FL 34711  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2594785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

BOYKIN, SUSAN  
12016 LAKESHORE DR  
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name Sara Fasel

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

126 North Drive

Lake Wales, FL 33859 (R)

City Lake Wales

FL

Zip Code

33859

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Susan Boykin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME MALONE, JACK=I  
STREET ADDRESS 313 BAY ST.  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE VP ☐ Delete  
NAME SMITH, AUDREY  
STREET ADDRESS 307 DRYBERRY WAY  
CITY-ST-ZIP CASSELBERRY FL 32730

TITLE TD ☒ Delete  
NAME BOYKIN, SUSAN  
STREET ADDRESS 12016 LAKESHORE DR.  
CITY-ST-ZIP CLERMONT FL 34711

TITLE S ☐ Delete  
NAME BOYD, CAROL  
STREET ADDRESS 285 SABAL AVE  
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☐ Change ☒ Addition  
NAME Sara Fasel  
STREET ADDRESS 126 North Drive  
CITY-ST-ZIP Lake Wales, FL 33859

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sara Fasel  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/05  
Date

863638-7602  
Daytime Phone #