


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90174 022 \*\*\*\*61.25

<b>DOCUMENT # N11091</b>		
1. Entity Name <b>THE FLORIDA TROPICAL WEAVERS' GUILD, INC.</b>		

Principal Place of Business <b>12016 LAKESHORE DR CLERMONT, FL 34711 US</b>	Mailing Address <b>12016 LAKESHORE DR CLERMONT, FL 34711 US</b>
--	--

2. Principal Place of Business	3. Mailing Address <b>1620 Shady Lane</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State <b>Grand Island, FL</b>
Zip	Zip <b>32735</b>
Country	Country <b>US</b>



04202006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-2594785</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>FASEL, SARA 126 NORTH DRIVE LAKE WALES, FL 33859</b>	7. Name and Address of New Registered Agent Name <b>Betty L. Schmidt</b> Street Address (P.O. Box Number is Not Acceptable) <b>1620 Shady Lane</b> City <b>Grand Island</b> <b>FL</b> Zip Code <b>32735</b>
--	---

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 *Sara Fasel* **Sara Fasel, Treasurer (TD)** 4/20/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALONE, JACK=I <input checked="" type="checkbox"/> Delete 313 BAY ST. TARPON SPRINGS, FL 34689	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer (TD) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Betty Schmidt 1620 Shady Lane Grand Island, FL 32735
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, AUDREY <input type="checkbox"/> Delete 307 DRYBERRY WAY CASSELBERRY, FL 32730	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Smith, Audrey 307 Dryberry Way Casselberry, FL 32730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FASEL, SARA <input checked="" type="checkbox"/> Delete 126 NORTH DRIVE LAKE WALES, FL 33859	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Penny Morgan 600 Mission Hill Road Barton Beach, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOYD, CAROL <input type="checkbox"/> Delete 285 SABAL AVE MERRITT ISLAND, FL 32953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Audrey Smith* **AUDREY SMITH** 4/20/06 407-831-0899  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #