


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90342 004 ****61.25

DOCUMENT # N11091 1. Entity Name THE FLORIDA TROPICAL WEAVERS' GUILD, INC.					
Principal Place of Business 1620 SHADY LANE GRAND ISLAND, FL 32735 US				Mailing Address 1620 SHADY LANE GRAND ISLAND, FL 32735 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2594785				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHMIDT, BETTY L 1620 SHADY LN MELBOURNE, FL 32935			Name Schmidt, Betty L. Street Address (P.O. Box Number is Not Acceptable) 1620 Shady Lane City Grand Island FL Zip Code 32735		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHMIDT, BETTY		NAME		
STREET ADDRESS	1620 SHADY LN		STREET ADDRESS		
CITY - ST - ZIP	GRAND ISLAND, FL 32735		CITY - ST - ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, AUDREY		NAME	Morgan, Penny	
STREET ADDRESS	307 DRYBERRY WAY		STREET ADDRESS	606 Mission Hill Rd.	
CITY - ST - ZIP	CASSELBERRY, FL 32730		CITY - ST - ZIP	Boynton Beach, FL 33435	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOYD, CAROL		NAME	Gold, Lori	
STREET ADDRESS	285 SABAL AVE		STREET ADDRESS	4 Cedar Hollow Court	
CITY - ST - ZIP	MERRITT ISLAND, FL 32953		CITY - ST - ZIP	Palm Coast, FL 32137	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORGAN, PENNY		NAME	Betty Ann Wyman	
STREET ADDRESS	600 MISSION HILL RD		STREET ADDRESS	PO Box 1450	
CITY - ST - ZIP	BOYNTON BEACH, FL 33435		CITY - ST - ZIP	Silver Springs, FL 34489	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: Betty L. Schmidt Betty L. Schmidt 4/24/08 (352) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				408-4790 <small>Date Daytime Phone #</small>	