2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# N11091

Entity Name: THE FLORIDA TROPICAL WEAVERS' GUILD, INC.

Current Principal Place of Business:

1620 SHADY LANE
GRAND ISLAND, FL 32735 US

New Principal Place of Business:

Current Mailing Address:

1620 SHADY LANE
GRAND ISLAND, FL 32735 US

New Mailing Address:

FEI Number: 59-2594785 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHMIDT, BETTY L
1620 SHADY LANE
GRAND ISLAND, FL 32735 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	SCHMIDT, BETTY	
Address:	1620 SHADY LN	
City-St-Zip:	GRAND ISLAND, FL 32735	
Title:	PD	( ) Delete
Name:	MORGAN, PENNY	
Address:	600 MISSION HILL RD	
City-St-Zip:	BOYNTON BEACH, FL 33435	
Title:	S	( ) Delete
Name:	GOLD, LORI	
Address:	4 CEDAR HOLLOW COURT	
City-St-Zip:	PALM COAST, FL 32137	
Title:	VP	( ) Delete
Name:	WYMAN, BETTY	
Address:	PO BOX 1450	
City-St-Zip:	SILVER SPRINGS, FL 34489	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY L. SCHMIDT TREA 05/06/2009

Electronic Signature of Signing Officer or Director — Date