

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11091

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**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 ( )**

**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  
Name: SCHMIDT, BETTY  
Address: 1620 SHADY LN  
City-St-Zip: GRAND ISLAND, FL 32735

Title: PD  
Name: BEASLEY, JAN  
Address: 13456 W. HWY 318  
City-St-Zip: WILLISTON, FL 32696

Title: S  
Name: WEINTRAUB, CAREN  
Address: 7210 W. CYPRESSHEAD DRIVE  
City-St-Zip: PARKLAND, FL 33067

Title: VP  
Name: WYMAN, BETTY  
Address: PO BOX 1450  
City-St-Zip: SILVER SPRINGS, FL 34489

I hereby 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 all other like empowered.

SIGNATURE: BETTY L. SCHMIDT

TREA

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date