

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90043 041 ****61.25

DOCUMENT # N48769					
1. Entity Name CALADIUM ARTS & CRAFTS COOPERATIVE, INC.					
Principal Place of Business 132 INTERLAKE BLVD LAKE PLACID, FL 33852			Mailing Address 132 E INTERLAKE BLVD LAKE PLACID, FL 33852		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0339326	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MONJIELLO, PATRICIA C/O 132 E. INTERLAKE BLVD. LAKE PLACID, FL 33852				7. Name and Address of New Registered Agent Name Joyce A DeSmet Street Address (P.O. Box Number is Not Acceptable) 1711 Cedarbrook St City Lake Placid FL Zip Code 33852	
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 Joyce A DeSmet		President		DATE 2-2-05	
Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPT	☒ Delete	TITLE	PT	☒ Change ☐ Addition
NAME	MONJIELLO, PATRICIA L		NAME	Joyce A. DeSmet	
STREET ADDRESS	2174 OAK BEACH BLVD.		STREET ADDRESS	1711 Cedarbrook St	
CITY-ST-ZIP	SEBRING, FL 33875		CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	PT	☒ Delete	TITLE	ST	☐ Change ☒ Addition
NAME	BOYD, CATHERINE		NAME	Patsy-K-Jarrett	
STREET ADDRESS	200 OXBOW DRIVE		STREET ADDRESS	312 Aztec Ac NW	
CITY-ST-ZIP	SEBRING, FL 33876		CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	TT	☐ Delete	TITLE	PT	☐ Change ☐ Addition
NAME	KUHL, VIRGINIA		NAME	PT	
STREET ADDRESS	32 GRANDVIEW BLVD		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP		
TITLE	ST	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	DE SMET, JOYCE		NAME		
STREET ADDRESS	1711 5TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MILLS, CAROL		NAME		
STREET ADDRESS	213 CATFISH ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 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:

Joyce A DeSmet
SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-05 863-699-0548
Date Daytime Phone #