FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 10 PM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000006021 (9)

1. Corporation Name
INDIAN RIVER CRAFTERS GUILD, INC.

Principal Place of Business	Mailing Address
3117 S. INDIAN RIVER DRIVE FT. PIERCE FL 34982-7746	3117 S. INDIAN RIVER DRIVE FT. PIERCE FL 34982-7746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1994
3a. Date of Last Report:
4. FEI Number: 65-0544084 ☑ Applied For ☐ Not Applicable
Applied For Dec. 1994
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21: 201 North Second St.
22: Suite, Apt. #, etc.
23: City & State: Fort Pierce FL
24: Zip: 34950 25: Country: USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip 30: Country

9. Name and Address of Current Registered Agent

LIBUHA BASILICO, CATHERYN M
3117 S. INDIAN RIVER DRIVE
FT. PIERCE FL 34982-7746

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Catheryn M. Libuha Basilico — President, Board of Directors — January 15, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D P T	1.1 TITLE	☐ Change ☐ Addition
NAME	LIBUHA BASILICO, CATHERYN M	1.2 NAME	
STREET ADDRESS	3117 S. INDIAN RIVER DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34982-7746	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HELLSTROM, JANIE	2.2 NAME	
STREET ADDRESS	1201 HERON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34982	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GONANO, MELINDA SOMIT RESIGNED	3.2 NAME	
STREET ADDRESS	600 FRENCH CREEK LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34982	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	J. Paul Hershiser	4.2 NAME	
STREET ADDRESS	2956 S.E. Dalhart Rd.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Port St. Lucie, FL 34952	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Catheryn M. Libuha Basilico, President — 3/15/95 — 415-0052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CATHERYN M. LIBUHA BASILICO

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