

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90014 029 \*\*\*\*61.25

**DOCUMENT # N95000001591**

1. Entity Name  
**MID-FLORIDA CERAMIC GUILD, INC.**



Principal Place of Business  
**21707 QUEEN MARY CT  
LEESBURG, FL 34748**

Mailing Address  
**21707 QUEEN MARY CT  
LEESBURG, FL 34748**

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

01312008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3316223**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MUELLER, JOYCE  
21707 QUEEN MARY CT  
LEESBURG, FL 34748**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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 Mueller*

*Joyce Mueller*

*2 Feb 2008*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HORWITZ, DEE	
STREET ADDRESS	5372 ELM CT.	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEWEY, DORIS	
STREET ADDRESS	5913 BAG PIPE PLACE	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, ELAINE	
STREET ADDRESS	2445 EASTBROOK BLVD.	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GRAY, ALDA	
STREET ADDRESS	310 E NOTRE DAME DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, DOROTHY	
STREET ADDRESS	637 W HARDING ST	
CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	DILENA, PEGGY	
STREET ADDRESS	5902 BOUNTY CIRCLE	
CITY-ST-ZIP	TAVARES, FL 32778	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gray Alda	
STREET ADDRESS	310 E NOTRE DAME DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tremblay, Gloria	
STREET ADDRESS	1825 S. PINE RIDGE CIR	
CITY-ST-ZIP	SANFORD, FL 32773	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dewey Doris	
STREET ADDRESS	5913 Bagpipe Place	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clogston, Sue	
STREET ADDRESS	5223 E. KALEY STREET	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Doris Dewey*

*2 Feb 2008*

*787-5226*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #