

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001591

FILED  
Feb 22, 2010  
Secretary of State

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

**Current Principal Place of Business:**

21707 QUEEN MARY CT  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

21707 QUEEN MARY CT  
LEESBURG, FL 34748

**New Mailing Address:**

**FEI Number:** 59-3316223

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MUELLER, JOYCE  
21707 QUEEN MARY CT  
LEESBURG, FL 34748 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: P  
Name: GRAY, ALDA  
Address: 310 E NOTRE DAME DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D  
Name: GORMAN, DEBRA  
Address: 2433 YALE AVE  
City-St-Zip: SANFORD, FL 32771

Title: D  
Name: DIX, WANDA  
Address: 139 WASHINGTON AVE  
City-St-Zip: ORLANDO, FL 32810

Title: V  
Name: DEWEY, DORIS  
Address: 5913 BAGPIPE PLACE  
City-St-Zip: LEESBURG, FL 34748

Title: S  
Name: HOFFMAN, LORETTA  
Address: 410 FIELDSTREAM BLVD  
City-St-Zip: ORLANDO, FL 32825

Title: D  
Name: M.T., PEARSON  
Address: 21522 KING HENRY AVE  
City-St-Zip: LEESBURG, FL 34748

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: TREASURER/ JOYCE MUELLER

TREA

02/22/2010

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

\_\_\_\_\_  
Date