

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003136

FILED
Jan 15, 2007
Secretary of State

Entity Name: THE TEXTILE GUILD OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

C/O OLD ST. AUGUSTINE VILLAGE
246 ST. GEORGE ST.
ST AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

C/O KRISTIN EVEN
360 TRAVINO AVE.
ST AUGUSTINE, FL 32086 US

New Mailing Address:

FEI Number: 59-3441108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLES, JOSEPH L JR
120 CHARLOTTE ST
ST AUGUSTINE, FL 32084 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 () Delete
Name: BOLES, MAURINE
Address: 35 MULBERRY ST.
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: T () Delete
Name: EVEN, KRISTIN
Address: 360 TRAVINO AVE.
City-St-Zip: ST AUGUSTINE, FL 32086

Title: V () Delete
Name: KOZA, PAULA
Address: 32 SEASIDE CAPER ROAD
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: S () Delete
Name: SIESS, MARY
Address: 3590 LONE WOLF TRAIL
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: V () Delete
Name: COLE, ULLA
Address: 362 TRAVINO AVE.
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COLE, ULLA
Address: 362 TRAVINO AVE.
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: BOLES, MAURINE
Address: 35 MULBERRY ST.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: MOSIER, HEIDI
Address: 4321 PALM ST.
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KRISTIN EVEN

T

01/15/2007

Electronic Signature of Signing Officer or Director

Date