2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N97000003136

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

Current Principal Place of Business:

LIGHTNER MUSEUM
KING STREET
ST AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

C/O GABRIELLE ETCHENIQUE
112 TURTLE BAY LANE
PONTE VEDRA BCH., FL 32082 US

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:	COLE, ULLA	
Address:	362 TRAVINO AVE.	
City-St-Zip:	SAINT AUGUSTINE, FL 32086 US	
Title:	T	( ) Delete
Name:	EVEN-BERGQUIST, KRISTIN	
Address:	360 TRAVINO AVE.	
City-St-Zip:	ST AUGUSTINE, FL 32086	
Title:	V	( ) Delete
Name:	BOLES, MAURINE	
Address:	35 MULBERRY ST.	
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:	MOSIER, HEIDI	
Address:	4321 PALM ST.	
City-St-Zip:	ST. AUGSTINE, FL 32084	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	ETCHENIQUE, GABRIELLE	
Address:	112 TURTLE BAY LANE	
City-St-Zip:	PONTE VEDRA BCH., FL 32082	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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: GABRIELLE ETCHENIQUE MRS. 03/24/2009

Electronic Signature of Signing Officer or Director — Date