2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# N06000005341

Entity Name: THE SUNSHINE QUILT GUILD, INC.

Current Principal Place of Business:

392 BUCKNELL RD
VENICE, FL 34293

New Principal Place of Business:

4 SPORTSMAN PLACE
ROTONDA, FL 33947 US

Current Mailing Address:

392 BUCKNELL RD
VENICE, FL 34293

New Mailing Address:

P.O. BOX 445
PLACIDA, FL 33946 US

FEI Number: 86-1168257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'CONNELL, KAREN
392 BUCKNELL RD
VENICE, FL 34293 US

Name and Address of New Registered Agent:

DIMATTIA, ASTRID
4 SPORTSMAN PLACE
ROTONDA, FL 33947 US

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: ASTRID DIMATTIA 04/11/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: O'CONNELL, KAREN
Address: 392 BUCKNELL RD
City-St-Zip: VENICE, FL 34293

Title: SD ( ) Delete
Name: FINNEY, HONEY
Address: 11109 VANESSA AVE
City-St-Zip: ENGLEWOOD, FL 34224

Title: VPD ( ) Delete
Name: HODLER, NADENE
Address: 7527 SILAGE CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RUBIRA, JANICE
Address: 9850 FIDDLER'S GREEN CIRCLE #128
City-St-Zip: ROTONDA, FL 33947 US

Title: VPD (X) Change ( ) Addition
Name: O'DEA, CHIRIS
Address: 118 GARLAND WAY
City-St-Zip: ROTONDA, FL 33947 US

Title: SD (X) Change ( ) Addition
Name: GARVER, ARLENE
Address: 9206 PINEHAVEN WAY
City-St-Zip: ENGLEWOOD, FL 34224 US

Title: TD ( ) Change (X) Addition
Name: DIMATTIA, ASTRID
Address: 4 SPORTSMAN PLACE
City-St-Zip: ROTONDA, FL 33947 US

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: ASTRID DIMATTIA TD 04/11/2009
Electronic Signature of Signing Officer or Director Date