

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N47088** (2)

1. Corporation Name
PIECEMAKERS QUILT GUILD OF BRANDON, INC.



Principal Place of Business
**P O BOX 2181
BRANDON FL 33509
US**

Mailing Address
**P O B OX 2181
BRANDON FL 33509
US**

3. Date Incorporated or Qualified **01/27/1992** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **65-0313870** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**MITCHELL, NANCY
2709 CRESTFIELD DR
VALRICO FL 33594**

81 Name **Kathy Coryn**
82 Street Address (P.O. Box Number if Not Acceptable) **113 Laurel Tree Way**
83
84 City **Brandon** FL 85 Zip Code **33511**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Kathy Coryn* 2-29-96 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	P	<input type="checkbox"/> DELETE
NAME	MITCHELL, NANCY	
STREET ADDRESS	2709 CRESTFIELD DR	
CITY-ST-ZIP	VALRICO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	OWENS, JACKIE	
STREET ADDRESS	4708 RIDGECLIFF DR	
CITY-ST-ZIP	BRANDON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LANHAM, MARILYN	
STREET ADDRESS	2611 BROOKER TRACE LANE	
CITY-ST-ZIP	VALRICO FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PETER, ELLEN	
STREET ADDRESS	1224 E NORFOLK ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GERSTING, GINA	
STREET ADDRESS	1401 BIG OAK COURT	
CITY-ST-ZIP	BRANDON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	INGRAM, CLAUDIA	
STREET ADDRESS	2615 BRIANHOLLY DR	
CITY-ST-ZIP	VALRICO FL	

1.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Nancy Mitchell	
1.3 STREET ADDRESS	2709 Crestfield Dr	
1.4 CITY-ST-ZIP	Valrico FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PAT HILL	
3.3 STREET ADDRESS	4607 Ridgecliff Dr	
3.4 CITY-ST-ZIP	Brandon FL 33511	
4.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KATHY CORYN	
4.3 STREET ADDRESS	113 Laurel Tree Way	
4.4 CITY-ST-ZIP	BRANDON FL 33511	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SHELLY HARRELL	
5.3 STREET ADDRESS	4607 Oak River Circle	
5.4 CITY-ST-ZIP	Valrico FL 33594	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	KATE GRAVES	
6.3 STREET ADDRESS	519 Oakhurst St	
6.4 CITY-ST-ZIP	Brandon FL 33511	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nancy C Mitchell* 2-29-96 813-684-9786

CR2E037 (12/95)