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Feb 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N47088 (2)

1. Corporation Name

PIECEMAKERS QUILT GUILD OF BRANDON, INC.



Principal Place of Business

Mailing Address

P O BOX 2181  
BRANDON FL 33509  
US

P O B OX 2181  
BRANDON FL 33509-2181  
US

3. Date Incorporated or Qualified  
01/27/1992

3a. Date of Last Report  
03/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
65-0313870

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORYN, KATHY  
113 LAUREL TREE WAY  
BRANDON FL 33511

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 2-10-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T  DELETE  
NAME MITCHELL, NANCY  
STREET ADDRESS 2709 CRESTFIELD DR  
CITY-ST-ZIP VALRICO FL

1.1 TITLE Treasurer  Change  Addition  
1.2 NAME Leslie Hickland  
1.3 STREET ADDRESS 5109 Rolling Fairway Drive  
1.4 CITY-ST-ZIP Valrico, FL 33594

VP  DELETE  
NAME OWENS, JACKIE  
STREET ADDRESS 4708 RIDGECLIFF DR  
CITY-ST-ZIP BRANDON FL

2.1 TITLE VP  Change  Addition  
2.2 NAME Rita O'Loughlin  
2.3 STREET ADDRESS 2905 Timber Knoll Drive  
2.4 CITY-ST-ZIP Valrico, FL 33594

S  DELETE  
NAME LANHAM, MARILYN  
STREET ADDRESS 2811 BROOKER TRACE LANE  
CITY-ST-ZIP VALRICO FL

3.1 TITLE Secretary  Change  Addition  
3.2 NAME Lucelle Monroe  
3.3 STREET ADDRESS 1625 Storington Avenue  
3.4 CITY-ST-ZIP Brandon, FL 33511

D  DELETE  
NAME HILL, PAT  
STREET ADDRESS 4607 RIGECLEFF DR  
CITY-ST-ZIP BRANDON FL

4.1 TITLE Board of Directors  Change  Addition  
4.2 NAME Jackie Owens  
4.3 STREET ADDRESS 4708 Ridgecliff Drive  
4.4 CITY-ST-ZIP Brandon, FL 33511

P  DELETE  
NAME CORYN, KATHY  
STREET ADDRESS 113 LAUREL TREE WAY  
CITY-ST-ZIP BRANDON FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

D  DELETE  
NAME INGRAM, CLAUDIA  
STREET ADDRESS 2615 BRIANHOLLY DR  
CITY-ST-ZIP VALRICO FL

6.1 TITLE Board of Directors  Change  Addition  
6.2 NAME Cynthia Ackroyd  
6.3 STREET ADDRESS 1111 Bluefield Avenue  
6.4 CITY-ST-ZIP Brandon FL 33511

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Leslie Hickland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 2-18-97 813-661-8523

CR2E037 (9/96)