

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 24 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N47088 (2)**  
1. Corporation Name  
**PIECEMAKERS QUILT GUILD OF BRANDON, INC.**

Principal Place of Business <b>P O BOX 2181 BRANDON FL 33509 US</b>	Mailing Address <b>P O B OX 2181 BRANDON FL 33509 US</b>
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<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc.	<b>26</b> 2a. Mailing Address Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country

<b>3.</b> Date Incorporated or Qualified <b>01/27/1992</b>	
<b>4.</b> FEI Number <b>65-0313870</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>7.</b> Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**CORYN, KATHY  
113 LAUREL TREE WAY  
BRANDON FL 33511**

**10. Name and Address of New Registered Agent**

<b>81</b> Name <b>Rita O'Loughlin</b>	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>2905 Timberknoll Drive</b>	
<b>83</b> Valrico, FL 33594	
<b>84</b> City <b>Valrico</b>	<b>85</b> Zip Code <b>FL 33594</b>

**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: *Rita O'Loughlin* DATE: **2/9/98**

(NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>LESLIE HICKLAND</b>	
STREET ADDRESS	<b>5109 ROLLING FAIRWAY DR</b>	
CITY-ST-ZIP	<b>VALRICO FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RITA O'LAUGHLIN</b>	
STREET ADDRESS	<b>2905 TIMBER KNOLL DR</b>	
CITY-ST-ZIP	<b>VALRICO FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LUCELLE MONROE</b>	
STREET ADDRESS	<b>1625 STORINGTON AVE</b>	
CITY-ST-ZIP	<b>BRANDON FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JACKIE OWENS</b>	
STREET ADDRESS	<b>4708 RIDGECLIFF DR</b>	
CITY-ST-ZIP	<b>BRANDON FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CORYN, KATHY</b>	
STREET ADDRESS	<b>113 LAUREL TREE WAY</b>	
CITY-ST-ZIP	<b>BRANDON FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CYNTHIA ACKROYD</b>	
STREET ADDRESS	<b>1111 BLUEFIELD AVE</b>	
CITY-ST-ZIP	<b>BRANDON FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>President Rita O'Loughlin</b>
2.3 STREET ADDRESS	<b>2905 Timberknoll Drive</b>
2.4 CITY-ST-ZIP	<b>Valrico, FL 33594</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Secretary Jayne Torres</b>
3.3 STREET ADDRESS	<b>403 Coast Line Way</b>
3.4 CITY-ST-ZIP	<b>Valrico, FL 33594</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Vice-President Vanda O'Neill</b>
4.3 STREET ADDRESS	<b>10709 Carroll Lake Drive</b>
4.4 CITY-ST-ZIP	<b>Tampa, FL 33618</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D Kathy Coryn</b>
5.3 STREET ADDRESS	<b>113 Laurel Tree Way</b>
5.4 CITY-ST-ZIP	<b>Brandon, FL 33511</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D Audrey Gantous</b>
6.3 STREET ADDRESS	<b>10402 Ventura Ave.</b>
6.4 CITY-ST-ZIP	<b>Tampa, FL 33619</b>

**14.** I 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 J. Hickland, Treasurer* DATE: **2-10-98** **813-661-8523**

CR2E037 (10/97)