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May 08, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47088

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 01/27/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0313870
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent O'LOUGHLIN, RITA 2905 TIMBERNOLL DR VALRICO FL 33594	10. Name and Address of New Registered Agent 81 Name Vanda O'Neill 82 Street Address (P.O. Box Number is Not Acceptable) 10709 Carol Lake Drive 83 84 City Tampa FL 85 Zip Code 33618
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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 *Vanda N. O'Neill* DATE **April 26, 1999**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESLIE HICKLAND	1.2 NAME	TRINA M. POST
STREET ADDRESS	5109 ROLLING FAIRWAY DR	1.3 STREET ADDRESS	2713 Crestfield Dr
CITY-ST-ZIP	VALRICO FL	1.4 CITY-ST-ZIP	Valrico, FL 33594
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'LOUGHLIN, RITA	2.2 NAME	Vanda O'Neill
STREET ADDRESS	2905 TIMBER KNOLL DR	2.3 STREET ADDRESS	10709 Carol Lake Dr.
CITY-ST-ZIP	VALRICO FL 33594	2.4 CITY-ST-ZIP	Tampa, FL 33618
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, JAYNE	3.2 NAME	
STREET ADDRESS	403 COAST LINE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'NEILL, VANDA	4.2 NAME	Daryl Dowding
STREET ADDRESS	1709 CARROLL LAKE DR	4.3 STREET ADDRESS	7506 North Ola
CITY-ST-ZIP	TAMPA FL 33618	4.4 CITY-ST-ZIP	Tampa, FL 33604
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORYN, KATHY	5.2 NAME	SHELLY HARRELL
STREET ADDRESS	113 LAUREL TREE WAY	5.3 STREET ADDRESS	4607 Oak River Circle
CITY-ST-ZIP	BRANDON FL 33511	5.4 CITY-ST-ZIP	Valrico, FL 33594
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANTOUS, AUDREY	6.2 NAME	
STREET ADDRESS	10402 VENTURA AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Trina M. Post* **TRINA M. POST** 4-19-99 813-273-3173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)