

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90164 007 ****61.25

DOCUMENT # N47088
 1. Entity 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**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04252006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
65-0313870

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**HINKLE, SINDY
 1460 BOOTH DR.
 VALRICO, FL 33594**

7. Name and Address of New Registered Agent
 Name **ANNA K. DAVIS**
 Street Address (P.O. Box Number is Not Acceptable)
601 ASHCROFT DR
 City **BRANDON** FL Zip Code **33511**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Anna K. Davis, TREASURER* **4-25-2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, ANNA K 601 ASHCROFT DR BRANDON, FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P INGRAM, CLAUDIA 834 CITRUS WOOD LN VALRICO, FL 33594	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D MITCHELL, NANCY 830 CITRUS WOOD LN VALRICO, FL 33594	<input checked="" type="checkbox"/> Delete change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACKROYD, CYNTHIA 11320 BALM RIVERVIEW RD. RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALE, NANCY 3304 VALENCIA RD. RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANTOUS, AUDREY 10402 VENTURA AVE. TAMPA, FL 33619	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAYNE TORRES - VP 403 COAST LINE WAY VALRICO, FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATHY COMER 8302 LAUREL FAIR CIR TAMPA, FL 33610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTH MAHONEY 8806 CROSS LANDING LN RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORA WATZ 11019 PERU CREEK DR. RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anna K. Davis* **ANNA K. DAVIS** **4-25-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(813) 684-5050