


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90012 038 ****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 - No P.O. Box #
 Suite, Apt. #, etc.

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

City & State
 Zip Country



03162008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0313870

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIS, ANNA K
 601 ASHCROFT DR
 BRANDON, FL 33511**

7. Name and Address of New Registered Agent

Name **Janet Cole**

Street Address (P.O. Box Number is Not Acceptable)
1408 Monte Lake Dr

City **Valrico** FL Zip Code **33596**

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 *Janet Cole* *Janet Cole, Treasurer* **3/16/08**

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, 2008

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	T	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, ANNA K	
STREET ADDRESS	601 ASHCROFT DR	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	P	<input type="checkbox"/> Delete
NAME	TORRES, VAYNE	
STREET ADDRESS	403 COASTLINE WAY	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCCATTY, KATHIE	
STREET ADDRESS	11005 RIVERVIEW DR	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE	D	<input type="checkbox"/> Delete
NAME	INGRAM, CLAUDIA	
STREET ADDRESS	834 CITRUS WOOD LN	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	WYLY, CHERYL	
STREET ADDRESS	117 JULIE LANE	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WATZ, DORA	
STREET ADDRESS	11019 PERU CREEK DR	
CITY-ST-ZIP	RIVERVIEW, FL 33569	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janet Cole	
STREET ADDRESS	1408 Monte Lake Dr.	
CITY-ST-ZIP	Valrico, FL 33596	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Torres, Jayne	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruth Mahoney	
STREET ADDRESS	8806 Cross Landing Lane	
CITY-ST-ZIP	Riverview, FL 33569	

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: *Janet Cole* *Janet Cole* **3/16/08** **813-663-1682**

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