

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90274 004 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0313870**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HINKLE, SINDY**  
**2404 BUCKHORN RUN DRIVE**  
**VALRICO FL 33594**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WILLIAMS, REBECCA</b>	
STREET ADDRESS	<b>4608 N STRAUSS RD</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33565</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WILLIAMS, CAROL</b>	
STREET ADDRESS	<b>4225 SPRINGWAY CIRCLE</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CHIACCHIA, LUCY</b>	
STREET ADDRESS	<b>2528 ARBORWOOD DR</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>INGRAM, CLAUDIA</b>	
STREET ADDRESS	<b>2615 BRIANHOLLY DRIVE</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>TORRES, JAYNE S</b>	
STREET ADDRESS	<b>403 COAST LINE WAY</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MITCHELL, NANCY</b>	
STREET ADDRESS	<b>2709 CRESTFIELD DRIVE</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	

TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Bailey, Cynthia</b>	
STREET ADDRESS	<b>3903 Bell Grande Dr</b>	
CITY-ST-ZIP	<b>Valrico, FL 33594</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Gantous, Audrey</b>	
STREET ADDRESS	<b>10402 Ventura Ave.</b>	
CITY-ST-ZIP	<b>Tampa, FL 33619</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Pratt, Sandi</b>	
STREET ADDRESS	<b>110 Mary Kay Ct.</b>	
CITY-ST-ZIP	<b>Brandon, FL 33511</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Chiacchi, Lucy</b>	
STREET ADDRESS	<b>2528 Arborwood Dr.</b>	
CITY-ST-ZIP	<b>Valrico, FL 33594</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Comer, Kathy</b>	
STREET ADDRESS	<b>8302 Laurel Fair Circle - Ste. 100</b>	
CITY-ST-ZIP	<b>Tampa, FL 33610</b>	

12. 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 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: Cynthia A. Bailey **Cynthia A. Bailey** 2-12-03 813-685-4078

CR2E037 (10/02)