

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Bandra D. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

95 JAN 26 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002418 (1)

1. Corporation Name

TREE CITY QUILTERS GUILD, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
PO BOX 140-690 GAINESVILLE FL 32614-0690  
PO BOX 140-690 GAINESVILLE FL 32614-0690

3. Date Incorporated or Qualified <b>05/13/1994</b>	3a. Date of Last Report <b>05/13/1994</b>
4. FLE Number <b>59-3217109</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

DERRY, MARY E  
3001 NW 38TH ST  
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
05 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1600, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resubmitting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERRY, MARY E	1.2 NAME	
STREET ADDRESS	3001 NW 38TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, JUDITH	2.2 NAME	
STREET ADDRESS	4112 NW 23RD DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, EDITH	3.2 NAME	
STREET ADDRESS	14017 SW 91ST ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARCHER FL 32618	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 as an attachment with my address.

SIGNATURE: Mary E. Derry (Mary E. Derry) 1-17-96 904-888-0345  
Signature and Print or Printed Name of Officer or Director Date Telephone #