

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000002418 (1)**
1. Corporation Name

TREE CITY QUILTERS GUILD, INC.



Principal Place of Business: **PO BOX 140-698 GAINESVILLE FL 32614-0698**
Mailing Address: **PO BOX 140-698 GAINESVILLE FL 32614-0698**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/13/1994	01/26/1995
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-3217109	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DERRY, MARY E 3001 NW 38TH ST GAINESVILLE FL 32606				81 Name	Gillette C. Tarbox		
				82 Street Address (P.O. Box Number is Not Acceptable)	1734 NW 17th Lane		
				83			
				84 City	Gainesville	FL	85 Zip Code 32605

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: Gillette C. Tarbox 2/14/96
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	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DERRY, MARY E			1.2 NAME	Gillette C. Tarbox		
STREET ADDRESS	3001 NW 38TH ST.			1.3 STREET ADDRESS	1734 NW 17th Lane		
CITY-ST-ZIP	GAINESVILLE FL 32606			1.4 CITY-ST-ZIP	Gainesville FL 32605		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VICE PRESIDENT VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KING, JUDITH			2.2 NAME	Cathy Pitt		
STREET ADDRESS	4112 NW 23RD DR.			2.3 STREET ADDRESS	11316 NE 81st Street		
CITY-ST-ZIP	GAINESVILLE FL 32606			2.4 CITY-ST-ZIP	Gainesville Florida 32609		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Treasurer TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LEONARD, EDITH			3.2 NAME	Edith Leonard		
STREET ADDRESS	14017 SW 91ST ST.			3.3 STREET ADDRESS	14017 SW 91st Street		
CITY-ST-ZIP	ARCHER FL 32618			3.4 CITY-ST-ZIP	Archer, FL 32618		
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		5.1 TITLE	500001781025	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME	-04/15/96--01127--034		
STREET ADDRESS				5.3 STREET ADDRESS	***61.25		
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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 119.07(3)(k), 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.

SIGNATURE: Gillette C. Tarbox 2/14/96 904-331-0827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)