


FILE NOW: FILING FEE IS \$61.25

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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002418 (1)**
1. Corporation Name

TREE CITY QUILTERS GUILD, INC.



Principal Place of Business PO BOX 140-696 GAINESVILLE FL 32614-0696	Mailing Address PO BOX 140-696 GAINESVILLE FL 32614-0696
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3. Date Incorporated or Qualified 05/13/1994	3a. Date of Last Report 04/15/1996
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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

4. FEI Number 59-3217109	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TARBOX, GILLETTE C.
1734 NW 17TH LN.
GAINESVILLE FL 32605**

10. Name and Address of New Registered Agent

81 Name Vickery, Dorothy S.
82 Street Address (P.O. Box Number is Not Acceptable) 905 NW 10th Avenue
83
84 City Gainesville
85 Zip Code FL 32601

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: **Dorothy S. Vickery TD** **Dorothy S. Vickery** **3/31/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	NAME TARBOX, GILLETTE C.	STREET ADDRESS 1734 NW 17TH LN.	CITY - ST - ZIP GAINESVILLE FL 32605	<input checked="" type="checkbox"/> DELETE
TITLE VD	NAME BIRT, CATHY	STREET ADDRESS 11310 NE 81ST ST.	CITY - ST - ZIP GAINESVILLE FL 32609	<input checked="" type="checkbox"/> DELETE
TITLE TD	NAME LEONARD, EDITH	STREET ADDRESS 14017 SW 91ST ST.	CITY - ST - ZIP ARCHER FL 32618	<input checked="" type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	1.2 NAME Trout Teri	1.3 STREET ADDRESS P.O. Box 1821 N/A	1.4 CITY - ST - ZIP Hawthorne, FL 32640	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE VD	2.2 NAME Kress, Anne	2.3 STREET ADDRESS 3145 NW 48th place	2.4 CITY - ST - ZIP Gainesville, FL - 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE TD	3.2 NAME Vickery, Dorothy S.	3.3 STREET ADDRESS 905 NW 10th Avenue	3.4 CITY - ST - ZIP Gainesville, FL 32601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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: **Dorothy S. Vickery TD** **Dorothy S. Vickery** **3/31/97** **352-376-8488**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0011331

CR2E037 (9/96)