FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 17, 1999 8:00 am § Secretary of State

03-17-1999 90088 040 ****61.25

DOCUMENT # N9400002418

TREE CITY: QUILTERS GUILD, INC.

Principal	Diaca	Ωf	Rucinace	

PO BOX 140-698 'GAINESVILLE FL 32614-0698 Mailing Address

PO BOX 140-698

GAINESVILLE FL 32614-0698

						. <u>.</u>
2. Principal Pl	lace of Business	2a. N	Mailing Address			3. Date Incorporated or Qualifed
21		26				05/13/1994
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			4. FEI Number Applied For
22		27				59-3217109 Not Applicab
City & State	8	\Box	City & State			5. Certificate of Status Desired 5. Certificate O
23		28				Fee Required
Zip	Country	L, 2	Zip	Country		6. Election Campaign Financing \$5.00 May Be
24	25	29	30	<u> </u>		Trust Fund Contribution Added to Fees
	9. Name and Address of Current	Registe	ered Agent	81	Name	10. Name and Address of New Registered Agent
	•]°']	Name	MEFFE, NANCY J
	DOROTHY S	~3		82		Address (P.O. Box Number is Not Acceptable)
905 NW 1				100		502 SW 179 AVE
Gainesvi	LLE:FL 32601			83		
				84	City	85 Zip Code
				لنب		MICANOPY FL 32667
11. Pursuant	to the provisions of Sections 617.0502	and 617	7.1508, Florida Statutes, L Such change was auth	the above orized by	-named o	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligation	ns ef, S	Section 617.0503, Florida	Statutes.		alalas
SIGNATURE	Chancy Ct. Y.	her	fe			3/3/99
	Signature, typed or printed name of regionard agent a		<u> </u>	<u> </u>	t signature re	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND	DIREC	DELETE	13.		Change Additional Addi
TITLE	PD		□ oereie	1.1 TITLE		
NAME	VALCANTE, BECKY			1.2 NAME		
STREET ADDRESS	6110 NW 31ST TERRACE			1.3 STREET		
CITY-\$T-ZIP	GAINESVILLE FL 32606		C DELETE	1.4 CITY-ST	r-ZIP	Change Addii
TITLE	SD		_ DELETE	2.1 TITLE	ł	
NAME	SONTAG, SANDRA			2.2 NAME	ŀ	
STREET ADDRESS	13130 NW 39 AVE			2.3 STREET	- 	المراجعة المنظور المستنداء المراجعة المستندة المستندة المستند المستندة
CITY-ST-ZIP	GAINESVILLE FL 32606		Closuste	2. 4 CITY-S	T-ZIP	☐ Change ☐ Addii
TITLE	TD .		☐ DELETE	3.1 TITLE		110
NAME	VICKERY, DOROTHY S	٠.		3.2 NAME		MEFFE, NANCY J SO2 SW 179 AVE
STREET ADDRESS	905 NW 10 AVE		`		ADDRESS	MICANOPY FL 32667
CITY-ST-ZIP_	GAINESVILLE FL		CONTE	3.4. CITY-S	T-ZIP	Change Additional Addi
TITLE			☐ DELETE	4,1 TITLE		
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET		
CITY-ST-ZIP	·		- Drugge	4.4 CITY-S	r-ZIP	☐ Change ☐ Addi
TITLE			DELETE	5.1 TITLE]	Li Change Li Addi
NAME				5.2 NAME	ADDA	
STREET ADDRESS				5.3 STREET		
CITY-ST-ZIP				5.4 CITY-S	T-ZIP	C ALAD
TITLE			☐ DÉLETE	6.1 TITLE	1	Change Addit
NAME ?				6.2 NAME		٠
STREET ADDRESS	~			6.3 STREET		· · · · · · · · · · · · · · · · · · ·
OFT (PT 70)	, '			64 CITY-S	r-zip	1

14. 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 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, with all other like empowered.