

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

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90116 040 ****61.25

DOCUMENT # N94000002418

1. Entity Name

TREE CITY QUILTERS GUILD, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 140-698

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 140-698

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

GAINESVILLE

City & State

FL

4. FEI Number

59-3217109

Applied For

Not Applicable

Zip

32614-0698

Country

USA

Zip

32614-0698

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MARSHA L. TUCKER

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

1515 NW 51st TERR

City

GAINESVILLE

FL

Zip Code

32605

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Marsha L. Tucker, TREASURER

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

(NOTE: Registered Agent signature required when reinstating)

4/4/2002

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	<u>PD - President</u>
NAME	<u>SHARON FUENTES</u>
STREET ADDRESS	<u>10204 NW 156 AVE</u>
CITY-ST-ZIP	<u>ALACHUA FL 32615</u>
TITLE	<u>VP - Vice-President</u>
NAME	<u>Ann-Marie Brown</u>
STREET ADDRESS	<u>1225 NW 80th Dr</u>
CITY-ST-ZIP	<u>Gainesville, FL 32607</u>
TITLE	<u>S-SECRETARY</u>
NAME	<u>Valerie Makemes</u>
STREET ADDRESS	<u>2715 NW 25th Place</u>
CITY-ST-ZIP	<u>Gainesville, FL 32605</u>
TITLE	<u>TREASURER</u>
NAME	<u>Marsha Tucker</u>
STREET ADDRESS	<u>1515 NW 51st TERR</u>
CITY-ST-ZIP	<u>GAINESVILLE, FL 32605</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Marsha L. Tucker - MARSHA L. TUCKER

4/4/2002 352 371-6882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)