


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90019 016 \*\*\*\*61.25

DOCUMENT # N94000002418			
1. Entity 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 P.O. Box 358425 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 358425 Suite, Apt. #, etc.	
City & State Gainesville FL		City & State Gainesville FL	
Zip 32635-8425	Country Alachua	Zip 32635-8425	Country Alachua
6. Name and Address of Current Registered Agent VICKERY, DOROTHY 905 NW 10TH AVE. GAINESVILLE, FL 32601		7. Name and Address of New Registered Agent Name: Debra Puckett Street Address (P.O. Box Number is Not Acceptable): 3600 NW 43rd St., Bldg G City: Gainesville FL Zip Code: 32606	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Debra P. Puckett</i> DATE: 3/14/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: MCCULLOCH, DENISE STREET ADDRESS: 1906 SE 47TH TERRACE CITY-ST-ZIP: GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: MALKEMUS, VALERIE STREET ADDRESS: 2715 NW 25TH PLACE CITY-ST-ZIP: GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: KERSTIN, ERICKSON STREET ADDRESS: 6900 NE 77TH LANE CITY-ST-ZIP: GAINESVILLE, FL 32609	<input checked="" type="checkbox"/> Delete	TITLE: Secretary NAME: Joyce Yurchisin STREET ADDRESS: 2016 NW 26 St. CITY-ST-ZIP: Gainesville, FL 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: VICKERY, DOROTHY S STREET ADDRESS: 905 NW 10TH AVE. CITY-ST-ZIP: GAINESVILLE, FL 32601	<input checked="" type="checkbox"/> Delete	TITLE: Treasurer NAME: Debra Puckett STREET ADDRESS: P.O. Box 358425 CITY-ST-ZIP: Gainesville FL 32635-8425	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Debra P. Puckett</i>		Date: 3/14/05 Daytime Phone #: 352-316-3104	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

