

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002418

FILED
Apr 07, 2009
Secretary of State

Entity Name: TREE CITY QUILTERS GUILD, INC.

Current Principal Place of Business:

5010 NE WALDO RD #3
GAINESVILLE, FL 32609

New Principal Place of Business:

905 NW 10TH AVENUE
GAINESVILLE, FL 32601

Current Mailing Address:

PO BOX 358425
GAINESVILLE, FL 326358425

New Mailing Address:

FEI Number: 59-3217109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLELLE, ELLEN
5010 NE WALDO RD #3
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

VICKERY, DOROTHY S
905 NW 10TH AVENUE
GAINESVILLE, FL 32601 US

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: DOROTHY S VICKERY

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REICHARDT, JACKIE
Address: 1813 NW 93RD DR
City-St-Zip: GAINESVILLE, FL 32606

Title: VP () Delete
Name: VICKERY, DOTTY
Address: 905 NW 10TH AVE
City-St-Zip: GAINESVILLE, FL 32605

Title: S () Delete
Name: HUDACKO, KIMBERLY
Address: 1640 NW 23RD ST
City-St-Zip: GAINESVILLE, FL 32605

Title: T () Delete
Name: MALLETT, ELLEN
Address: 5010 NE WALDO ROAD #3
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: VICKERY, DOROTHY S
Address: 905 NW 10TH AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: S (X) Change () Addition
Name: CLARK, SUZIE ANN
Address: PO BOX 2999
City-St-Zip: HIGH SPRINGS, FL 32655

Title: VP (X) Change () Addition
Name: MALLETT, ELLEN
Address: 5010 NE WALDO ROAD #3
City-St-Zip: GAINESVILLE, FL 32609

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY S VICKERY

T

04/07/2009

Electronic Signature of Signing Officer or Director

Date