

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001420 (6)**

1. Corporation Name

SOUTHWEST FLORIDA QUILTERS GUILD, INC.



Principal Place of Business 5875 WILD OLIVE TERRACE FORT MYERS FL 33919	Mailing Address P O BOX 2264 FT. MYERS FL 33901 US
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3. Date Incorporated or Qualified 03/11/1996
4. FEI Number 31-1466906
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 618 Astarias Cir SW	2a. Mailing Address 26 Suite, Apt. #, etc.
City & State 23 Fort Myers, FL	City & State 27
Zip 24 33919	Country 25 USA
Country 29	Country 30

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent NUDING, PATRICIA A 5875 WILD OLIVE TERRACE FORT MYERS FL 33919	
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10. Name and Address of New Registered Agent 81 Name Nadine Tourtillott 82 Street Address (P.O. Box Number is Not Acceptable) 2349 Trade Center Way 83 84 City Naples FL 85 Zip Code 33940	
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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 *Nadine Tourtillott* (NOTE: Registered Agent signature required when reinstating) DATE **4/16/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NUDING, PATRICIA		1.2 NAME Nadine Tourtillott	
STREET ADDRESS 5875 WILD OLIVE TERRACE		1.3 STREET ADDRESS 2349 Trade Center Way	
CITY-ST-ZIP FORT MYERS FL 33919		1.4 CITY-ST-ZIP Naples, FL 33940	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME OLIVER, VICKIE		2.2 NAME Lyn Bolinger-Libner	
STREET ADDRESS 18420 DEEP PASSAGE LANE		2.3 STREET ADDRESS 2331 Waylife Ct.	
CITY-ST-ZIP FORT MYERS BEACH FL 33931		2.4 CITY-ST-ZIP Alva, FL 33920	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCCALL, JUDI		3.2 NAME Judy Fine	
STREET ADDRESS 1373 STADLER STREET		3.3 STREET ADDRESS 15654 Iona Lakes Dr.	
CITY-ST-ZIP FORT MYERS FL 33901		3.4 CITY-ST-ZIP Fort Myers, FL 33908	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RHOADES, CINDY		4.2 NAME Leslie L. D'Alessandro	
STREET ADDRESS 8308 CYPRESS DRIVE NORTH		4.3 STREET ADDRESS 618 Astarias Cir SW	
CITY-ST-ZIP FORT MYERS FL 33912		4.4 CITY-ST-ZIP Fort Myers, FL 33919	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SUS, JUDITH		5.2 NAME Dottie Callahan	
STREET ADDRESS 619 SOUTH EAST SECOND AVENUE		5.3 STREET ADDRESS 18420 Cutlass Dr.	
CITY-ST-ZIP CAPE CORAL FL 33990		5.4 CITY-ST-ZIP Fort Myers FL 33908	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Nadine Tourtillott* DATE: **4/16/98**

CR2E037 (10/97)