2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N96000001420

1. Entity Name



FILED Apr 20, 2005 8:00 am Secretary of State

SOUTHWEST FLORIDA QUILTERS GUILD, INC.					04-20-2005 90344 032 ****70.00			
Principal Plac	e of Business .	Mailing Address						
3410 PALM BEACH BLVD FORT MYERS FL 33916 US		P O BOX 2264 FT. MYERS FL 33902 US			50040445			
2. Principal Place of Business		3. Mailing Address		·				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			st MOORE	CR2E037	(10/04)	
City & State		City & State		4. FEI Numb	31-1466906	3	<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificat	e of Status Desired		8.75 Add ee Require	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
IOUNIOON OUTDAY			Name					
JOH	INSON, CHERYL		Street Add	dress (P.O. Box Numi	per is Not Acceptable	⇒)		
115 SW 57TH TERRACE CAPE CORAL FL 33914								
D.au			City			FL	Zip Cod	6
	named entity submits this statement for tions of registered agent.	or the purpose of changing its re	gistered office or re	egistered agent, or b	oth, in the State of Flo	orida. Iam fa	ımiliar with,	and accept
inc obliga	long or registered agent.							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: F	ensiered Agent Stanature	required when reinstating)		DATE		
Redistre		223-8683			666.8999.008	6°446880088	(Z.A)(C)(SO)	Androan state
***	FILE NOW: FEE IS \$61.25	9. Election Camp	aign Financing	\$5.00 May	Ba Ma	ke Check	Pavahle	_4420 × 6440
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	Due By May 1, 2005	Trust Fund Col		Added to Fee		da Departi		
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indicated on this report or supplied with all other life indicated on this report or supplied maintained 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 treated 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: _4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-410-2244