

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

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

DOCUMENT # N96000001420

1. Entity Name

SOUTHWEST FLORIDA QUILTERS GUILD, INC.



04-20-2005 90344 032 ****70.00

Principal Place of Business

3410 PALM BEACH BLVD
FORT MYERS FL 33916
US

Mailing Address

P O BOX 2264
FT. MYERS FL 33902
US

50040445



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1466906

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, CHERYL
115 SW 57TH TERRACE
CAPE CORAL FL 33914

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD ☐ Delete
NAME JOHNSON, CHERI
STREET ADDRESS 115 SW 57TH TERR
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE VD ☐ Delete
NAME BUTTERWECK, DONNA
STREET ADDRESS 2035 SE 21ST STREET
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE 2VP ☐ Delete
NAME MATTHEWS, SHARON
STREET ADDRESS 2184 BARRY DRIVE SE
CITY-ST-ZIP FORT MYERS FL 33907

TITLE MALT ☐ Delete
NAME GATES, LORRAINE
STREET ADDRESS 5459 PEPPERTREE DRIVE # D10
CITY-ST-ZIP FORT MYERS FL 33908

TITLE TT ☐ Delete
NAME BANKS, VICKIE
STREET ADDRESS 1334 JAMBALANA LN
CITY-ST-ZIP FORT MYERS FL 33901

TITLE ST ☐ Delete
NAME MAGNUSON, ANN
STREET ADDRESS 900 JENNIFER LN
CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 2VP ☒ Change ☐ Addition
NAME JACKETT, Diana
STREET ADDRESS 13621 Eagle Ridge Dr #1535
CITY-ST-ZIP Fort Myers, FL 33912

TITLE MALT ☒ Change ☐ Addition
NAME Albert, Martha
STREET ADDRESS 16617 Lantana Dr.
CITY-ST-ZIP Fort Myers, FL 33908

TITLE TT ☒ Change ☐ Addition
NAME Kline, Dianne
STREET ADDRESS 20752 Wheelock Dr
CITY-ST-ZIP North Fort Myers, FL 33917

TITLE ST ☒ Change ☐ Addition
NAME Gerald, Lois
STREET ADDRESS 4900 5th St West
CITY-ST-ZIP Lehigh Acres, FL 33971

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05

Date

239-410-2244

Daytime Phone #