

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90040 033 \*\*\*\*61.25

<b>DOCUMENT # N96000001420</b> 1. Entity Name <b>SOUTHWEST FLORIDA QUILTERS GUILD, INC.</b>					
Principal Place of Business <b>3410 PALM BEACH BLVD FORT MYERS, FL 33916 US</b>			Mailing Address <b>P O BOX 2264 FT. MYERS, FL 33902 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MASSEY, SHEILANA 7528 GRANDE PINE RD BOKEELIA, FL 33922</b>			Name <b>GREENE, BARBARA</b> Street Address (P.O. Box Number is Not Acceptable) <b>9452 PALM ISLAND CIRCLE</b> <b>NORTH FORT MYERS,</b> City <b>FL</b> Zip Code <b>33903</b>		
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>Barbara L Greene</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<b>BARBARA GREENE</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>4/10/08</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MASSEY, SHEILANA 7528 GRANDE PINE RE BOKEELIA, FL 33922</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GREENE, BARBARA 9452 PALM ISLAND CIRCLE NORTH FORT MYERS, FL 33903</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GRANDE, JOYCE 2510 SW 37TH ST CAPE CORAL, FL 33914</b> <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	<b>V GOULD, BETTY 3102 36TH ST SW LEHIGH ACRES, FL 33971</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CAMPBELL, JUDY 13361 GINGER LILY CT. NORTH FORT MYERS, FL 33903</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MAL WALKER, MICHELLE 1128 NW 43RD AVE CAPE CORAL, FL 33993</b> <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	<b>TT MCKENNEY, KATHRYN 17850 CALOOSA RD ALVA, FL 33920</b> <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	<b>ST LUDWIG, SANDRA 131 LUCERNE AVE NORTH FORT MYERS, FL 33903</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST BOHINICK, TERRI 1537 SENIOR CT LEHIGH ACRES, FL 33971</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Kathryn M Mckenny</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>KATHRYN M MCKENNEY</b> <small>Date</small> <b>4/15/08</b> <small>Daytime Phone #</small> <b>239-728-2330</b>		