

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90328 040 ****61.25

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DOCUMENT # N96000001420

1. Entity Name

SOUTHWEST FLORIDA QUILTERS GUILD, INC.



Principal Place of Business

**3410 PALM BEACH BLVD
FORT MYERS FL 33916
US**

Mailing Address

**P O BOX 2264
FT. MYERS FL 33902
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **31-1466906**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLS, MARCI
3927 E RIVER DRIVE
FORT MYERS FL 33916**

7. Name and Address of New Registered Agent

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

Marci Mills PD

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-15-03

FILE NOW: FEE IS \$61.25

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

TITLE **PD** ☐ Delete
NAME **MILLS, MARCI**
STREET ADDRESS **3927 E RIVER DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33916**

TITLE **VD** ☐ Delete
NAME **FREIS, SALLY**
STREET ADDRESS **6322 ST ANDREWS CIRCLE**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **2VP** ☐ Delete
NAME **THOMAS, MARIE**
STREET ADDRESS **3407 NW 5TH TERRACE**
CITY-ST-ZIP **CAPE CORAL FL 33993**

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

TITLE **TT** ☒ Delete
NAME **BOERIO, CATHI**
STREET ADDRESS **668 ASTARIAS CIRCLE**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **MALT** ☒ Delete
NAME **MATTHEWS, SHARON**
STREET ADDRESS **2184 BARRY DRIVE SE**
CITY-ST-ZIP **FORT MYERS FL 33907**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
NAME **ST MAGNUSON ANN**
STREET ADDRESS **900 JENNIFER LN**
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE ☐ Change ☒ Addition
NAME **TT BANKS, VICKIE**
STREET ADDRESS **1334 JAMBALANA LN**
CITY-ST-ZIP **FT MYERS, FL 33901**

TITLE ☐ Change ☒ Addition
NAME **MALT GATES, LORRAINE**
STREET ADDRESS **5459 PEPPERTREE DR #D10**
CITY-ST-ZIP **FT MYERS, FL 33908**

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:

Marci Mills PD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-03 2396941179

CR2E037 (10/02)