

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002418

**Entity Name:** TREE CITY QUILTERS GUILD, INC.

**Current Principal Place of Business:**

2624 NW 34TH TERRACE  
GAINESVILLE, FL 32605

**Current Mailing Address:**

PO BOX 358425  
GAINESVILLE, FL 32635-8425

**FEI Number: 59-3217109**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

POZZETTA, SANDY  
2624 NW 34TH TERRACE  
GAINESVILLE, FL 32605 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title           VP  
Name           MCSWAIN, LINDA  
Address        24803 NW 155TH  
City-State-Zip: HIGH SPRINGS FL 32643

Title           TR  
Name           GYLLSTROM, HELEN K  
Address        8602 SW 5TH PLACE  
City-State-Zip: GAINESVILLE FL 32607

Title           S  
Name           SCHOELKOPF, DEBBIE  
Address        2624 NW 34TH TERRACE  
City-State-Zip: GAINESVILLE FL 32605

Title           P  
Name           POZZETTA, SANDRA  
Address        2624 NW 34TH TERRACE  
City-State-Zip: GAINESVILLE FL 32605

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: HELEN K GYLLSTROM**

**TREASURER**

**03/19/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date