

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90023 001 ****70.00

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1. Entity Name
THE APPLIQUE SOCIETY CORP.



Principal Place of Business
2336 KITCHEN DICK RD.
SEQUIM, WA

Mailing Address
P.O. BOX 89
SEQUIM, WA 98302-0089

50009600



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
91-1850449

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

BROOKER, LAURA J
2905 BAYSHORE COURT
TAMPA, FL 33611

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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	P	<input type="checkbox"/> Delete
NAME	PRICE, JAYDEE	
STREET ADDRESS	2336 KITCHEN DICK RD	
CITY-ST-ZIP	SEQUIM, WA 98329515	
TITLE	V	<input type="checkbox"/> Delete
NAME	BILOW, LORETTA	
STREET ADDRESS	60 LETHA LANE	
CITY-ST-ZIP	SEQUIM, WA 083826906	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARTOSEWCZ, CINDY	
STREET ADDRESS	1549 KING HILL ROAD	
CITY-ST-ZIP	READSBORO, VT 053509615	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOND, ANNE S	
STREET ADDRESS	2136 SHOREHAM RD	
CITY-ST-ZIP	COLUMBUS, OH 43220	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREM, CYNTHIA	
STREET ADDRESS	18 JUAN WAY	
CITY-ST-ZIP	GRASS BAILEY, CA 959457018	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, MILDRED	
STREET ADDRESS	3200 WILDERNESS ROAD	
CITY-ST-ZIP	BRYAN, TX 77807	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILL, DIANE	
STREET ADDRESS	61 STACY CT.	
CITY-ST-ZIP	SEQUIM, WA 98382-8174	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IVES, PATTI	
STREET ADDRESS	230 SPRINGFIELD PARKWAY	
CITY-ST-ZIP	SPRING CREEK, NU 89815-5517	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOPE, TERI	
STREET ADDRESS	497 STEVENSON AVE.	
CITY-ST-ZIP	WORTHINGTON, OH 43085-3041	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREM, CYNTHIA	
STREET ADDRESS	18 JUAN WAY	
CITY-ST-ZIP	GRASS VALLEY, CA 95945-7018	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Anne S. Bond

ANNE S. BOND, TREAS.

4/3/06

614-538-8355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #