

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90384 029 ****70.00

DOCUMENT # N00000001329

1. Entity Name
**THIMBLEBUDDIES QUILT GUILD OF THE TREASURE
COAST, INC.**



Principal Place of Business
**6009 BALSAM DRIVE
FORT PIERCE, FL 34982**

Mailing Address
**6009 BALSAM DRIVE
FORT PIERCE, FL 34982**

2. Principal Place of Business

**1321 SW HUTCHINS ST
Suite, Apt. #, etc.
PORT ST LUCIE**

3. Mailing Address

**1321 SW HUTCHINS ST
Suite, Apt. #, etc.
PORT ST LUCIE**

City & State

FL

City & State

FL

Zip
34983

Country
USA

Zip
34983

Country
USA

04072006

Chg-NP

CR2E037 (11/05)

4. FEI Number
65-1076545

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FALCO, MARY
6009 BALSAM DRIVE
FORT PIERCE, FL 34982**

7. Name and Address of New Registered Agent

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

**1321 SW HUTCHINS ST
City PORT ST LUCIE FL Zip Code 34983**

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

Patricia Neilson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-06

**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 PD
NAME STEWART, CAROLYN
STREET ADDRESS 139 PEPPER LANE
CITY-ST-ZIP JENSEN BEACH, FL 34957 ☒ Delete

TITLE VD
NAME COKER, JUDIE
STREET ADDRESS 1333 SW CENTURY AVE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34953 ☒ Delete

TITLE SD
NAME MITCHELL, VIVIAN
STREET ADDRESS 2461 SE GILBERT AVE
CITY-ST-ZIP PORT ST. LUCIE, FL 34986 ☒ Delete

TITLE TD
NAME FALCO, MARY
STREET ADDRESS 6009 BALSAM DRIVE
CITY-ST-ZIP FORT PIERCE, FL 34982 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME STEWART, CAROLYN
STREET ADDRESS 9358 SE OSPREY PLE DR
CITY-ST-ZIP HOBE SOUND, FL 33455 ☒ Change ☐ Addition

TITLE VD
NAME SLESNY, KAREN H
STREET ADDRESS 531 SW HIWATHA ST
CITY-ST-ZIP PORT ST LUCIE, FL 34953 ☒ Change ☐ Addition

TITLE SD
NAME BETTY BERNABEI
STREET ADDRESS 2186 SE ALDEN ST
CITY-ST-ZIP PORT ST LUCIE, FL 34984 ☒ Change ☐ Addition

TITLE TD
NAME NEILSON, PATRICIA
STREET ADDRESS 1321 SW HUTCHINS ST
CITY-ST-ZIP PORT ST LUCIE, FL 34983 ☒ Change ☐ Addition

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

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

Patricia Neilson **PATRICIA NEILSON**

4-13-06

772-878-6299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #