2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State
04-14-2008 90056 035 ****70.00

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

Principal Place of Business	Mailing Address
1321 SW HUTCHINS ST PORT SAINT LUCIE, FL 34983	1321 SW HUTCHINS ST PORT SAINT LUCIE, FL 34983

04112008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11006-SW HARBOUR ISLES	P.O BOX 9164
Suite, Apt. #, etc.	Suite, Apt. #, etc.
PORT ST LUCIE, FL	PORT ST LUCIE, FL
City & State	City & State
Zip 34986 Country USA	Zip 34985 Country USA

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

NELSON, PATRICIA
1321 SW HUTCHINS ST
PORT SAINT LUCIE, FL 34983

7. Name and Address of New Registered Agent

Name SHAVER, JANE K
Street Address (P.O. Box Number is Not Acceptable) 11006 SW HARBOUR ISLES CIRCLE
PORT ST LUCIE
City FL Zip Code 34986

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: Jane K Shaver Treasurer 4/7/08
Signature, typed or printed name of registered agent and title if applicable: JANE K SHAVER (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CARR, LORETTA 1042 SW SULTAN DR PORT SAINT LUCIE, FL 34953	☐ Delete	P ANDERSON, EVAH 1775 S.E. BERKSHIRE BLVD PORT ST. LUCIE, FL 34952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DEGAUST, ELIZABETH 371 NE ARDSLEY DR PORT SAINT LUCIE, FL 34983	☒ Delete	N CARLSON, NATALIE 2420-SW MALIBU WAY STUART FL 34997	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BERNBEI, BETTY 2186 SE ALDEN ST PORT SAINT LUCIE, FL 34984	☒ Delete	SEC ROZANN CHUBB 1380-NW LAKESIDE TRAIL STUART FL 34997	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NEILSON, PATRICIA 1321 SW HUTCHINS ST PORT SAINT LUCIE, FL 34983	☒ Delete	TRES JANE K SHAVER 11006 SW HARBOUR ISLES CIRCLE PORT ST LUCIE, FL 34986	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Jane K Shaver JANE K. SHAVER 4/7/08 343-7863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #