

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001329

FILED  
Apr 06, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1606-SW HARBOUR ISLES  
PORT SAINT LUCIE, FL 34986 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 9164  
PORT SAINT LUCIE, FL 34983 US

**New Mailing Address:**

**FEI Number:** 65-1076545      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

SHAYER, JANE K  
1606 SW HARBOUR ISLES CIRCLE  
PORT SAINT LUCIE, FL 34986 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ANDERSON, EVAH  
Address: 1725 S.E. BERSHIRE BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: V ( ) Delete  
Name: CARLSEN, NATALIE  
Address: 2420 -SW MALINO WAY  
City-St-Zip: STUART, FL 34997

Title: SD ( ) Delete  
Name: ROZANN, CHUBB  
Address: 1380-NW LAKESIDE TRAIL  
City-St-Zip: STUART, FL 34997

Title: T ( ) Delete  
Name: SHAYER, JANE K  
Address: 1606 SW HARBOUR ISLES CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DEAM, CHRIS  
Address: 405 SW DALTON CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: V (X) Change ( ) Addition  
Name: COKER, JUDITH  
Address: 1333 SW CENTURY  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: SEC (X) Change ( ) Addition  
Name: OLSON, CHRIS  
Address: 873 SW HAAS AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PARM ( ) Change (X) Addition  
Name: GEHRINGER, CHRISTA  
Address: 2210 FRIENDSHIP STREET  
City-St-Zip: PORT ST. LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JANE K. SHAYER

TREA

04/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date