

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001329

FILED
Mar 22, 2010
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
Name: DEAN, CHRIS
Address: 405 SW DALTON CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34953

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

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

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

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

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: JANE K. SHAYER

TREA

03/22/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date