

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007037

FILED
Jan 26, 2009
Secretary of State

Entity Name: ST. ANDREW BAY QUILTERS' GUILD, INC.

Current Principal Place of Business:

ST. ANDREWS ESPISCOPAL CHURCH
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 16225
PANAMA CITY, FL 32406

New Mailing Address:

FEI Number: 59-3679510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLEY, BONNIE
2321 MICHIGAN AVE
PANAMA CITY, FL 32405 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: PIPPIN, GLORIA
Address: 353 PINEDA ST
City-St-Zip: PORT SAINT JOE, FL 32456

Title: V () Delete
Name: MARKING, JODY
Address: 8040 CAMP FLOWER RD
City-St-Zip: YOUNGSTOWN, FL 32466

Title: 2V () Delete
Name: ROGERS, JO-ELLEN
Address: 4105 HARLAN SHOPE RD
City-St-Zip: PANAMA CITY, FL 32404

Title: S () Delete
Name: PIERZCHALA, BEVERLY
Address: 115 CANDLEWICK RD
City-St-Zip: PANAMA CITY, FL 32405

Title: T () Delete
Name: HOLLEY, BONNIE
Address: 2321 MICHIGAN AVE
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROGERS, JO-ELLEN
Address: 4105 HARLAN SHOPE ROAD
City-St-Zip: PANAMA CITY, FL 32404

Title: V (X) Change () Addition
Name: NELSON, MARY
Address: 1700 RHODE ISLAND AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

Title: 2V (X) Change () Addition
Name: RAMOS, JANET
Address: 1309 AIRPORT ROAD
City-St-Zip: PANAMA CITY, FL 32405

Title: S (X) Change () Addition
Name: HARRIS, JOYCE
Address: 606 REDBIRD STREET
City-St-Zip: LYNN HAVEN, FL 32444

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

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: BONNIE E. HOLLEY

T

01/26/2009

Electronic Signature of Signing Officer or Director

Date