

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90179 030 \*\*\*\*61.25

**DOCUMENT # N00000007282**

1. Entity Name

**FLYING NEEDLES QUILT GUILD INC.**

Principal Place of Business

Mailing Address

POST OFFICE BOX 1652  
NICEVILLE FL 32588

POST OFFICE BOX 1652  
NICEVILLE FL 32588

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3675386**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUTTER, MARCIA B**  
**100 MUIRFIELD COVE**  
**NICEVILLE FL 32578**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

*Marcia B. Rutter*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/10/02*

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **JOHNS, JUDY**  
CITY-ST-ZIP **642 RUCKEL DRIVE**  
**NICEVILLE FL 32578**

TITLE ☒ Delete  
NAME **VD**  
STREET ADDRESS **GRIMES, SUE**  
CITY-ST-ZIP **325 LAKE HOLLEY CR.**  
**DEFUNIAK SPRINGS FL 32578**

TITLE ☒ Delete  
NAME **SD**  
STREET ADDRESS **WALKER, PAT**  
CITY-ST-ZIP **2515 EDGEWATER DRIVE**  
**NICEVILLE FL 32578**

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **RUTTER, MARCIA**  
CITY-ST-ZIP **100 MUIRFIELD COVE**  
**NICEVILLE FL 32578**

TITLE ☒ Delete  
NAME **TD**  
STREET ADDRESS **BABICH, LINDA**  
CITY-ST-ZIP **215 WEDGEWOOD LANE**  
**CRESTVIEW FL 32536**

TITLE ☐ Delete  
NAME **Error**  
STREET ADDRESS **Terry Casey**  
CITY-ST-ZIP **155 Oyster Hake Causeway**  
**Santa Rosa Beach, FL 32459**

TITLE ☐ Change ☒ Addition

NAME **Secretary**  
STREET ADDRESS **Linda Mahler**  
CITY-ST-ZIP **220 Windsong Ct.**  
**Niceville, FL 32578**

TITLE ☐ Change ☒ Addition  
NAME **Vice President**  
STREET ADDRESS **Jean Lewis**  
CITY-ST-ZIP **1671 19th St**  
**Niceville, FL 32578**

TITLE ☐ Change ☒ Addition  
NAME **Vice President**  
STREET ADDRESS **Betty Davey**  
CITY-ST-ZIP **708 Majestic Prince Ct**  
**Crestview, FL 32539**

TITLE ☒ Change ☐ Addition  
NAME **Co-President**  
STREET ADDRESS **Linda Babich**  
CITY-ST-ZIP **215 Wedgewood Lane**  
**Crestview, FL 32536**

TITLE ☐ Change ☒ Addition  
NAME **Treasurer**  
STREET ADDRESS **Jean Tower**  
CITY-ST-ZIP **321 Skyline Circle**  
**Crestview, FL 32539**

TITLE ☐ Change ☒ Addition  
NAME **Vice President**  
STREET ADDRESS **Terry Casey**  
CITY-ST-ZIP **155 Oyster Hake Causeway**  
**Santa Rosa Beach, FL 32459**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

**SIGNATURE REQUIRED**

*Jean Tower* **1-12-02 850-689-2770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)