

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90013 043 \*\*\*\*61.25

<b>DOCUMENT # N00000007282</b> 1. Entity Name FLYING NEEDLES QUILT GUILD INC.					
Principal Place of Business POST OFFICE BOX 1652 NICEVILLE, FL 32588			Mailing Address POST OFFICE BOX 1652 NICEVILLE, FL 32588		
2. Principal Place of Business P.O. Box 1652. Suite, Apt. #, etc.			3. Mailing Address Post Office Box 1652. Suite, Apt. #, etc.		
City & State Niceville			City & State Niceville		
Zip 32588		Country USA		4. FEI Number 59-3675386	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  JEAN TOWERY 321 SKYLINE CIRCLE CRESTVIEW, FL 32539			7. Name and Address of New Registered Agent Name Valerie Valade Street Address (P.O. Box Number is Not Acceptable) 614 Country Club Ave. City FT. WALTON BEACH, FL Zip Code 32547		
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 VALERIE VALADE Valerie Valade TREASURER. 03/8/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOWERY, JEAN C 321 SKYLINE CIRCLE CRESTVIEW, FL 32539	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD. Valerie Valade 614 Country Club Ave. FT. WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEAN, LEWIS 1671 19 ST NICEVILLE, FL 32578	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BETSY POOR 107, FULMER CIRCLE N.E. FT. WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YOUNGBLOOD, JACKIE 113 CARL BRANDT DRIVE SHALIMAR, FL 32579	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD. BARBARA GOODFLEISCH 112 PINOAK CIRCLE NICEVILLE FL. 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRIMELRY, GRACE 1512 18TH STREET NICEVILLE, FL 32578	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD. DEANNE INNESS 9 DORAL DRIVE SHALIMAR FL. 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, DORETHA 230 GREENBRIEN CIRCLE NE FORT WALTON BEACH, FL 32547	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAT WALKER 2515, EDGEWATER DR. NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TERRY, CASEY 155 OYSTER CIRCLE CRESTVIEW, FL 32539	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE: VALERIE VALADE Valerie Valade</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/8/04. 850-862-6906 <small>Date Daytime Phone #</small>	

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