2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000007282



FILED May 04, 2005 8:00 am Secretary of State 05-04-2005 90156 024 ****61.25

1. Entity Nam FLYING N		S QUILT GUILD I	INC.				0.5	-04-2003 3013	30 02	. 01		
Principal Place of Business POST OFFICE BOX 1652 NICEVILLE, FL 32588 Mailing Address POST OFFICE BOX 1652 NICEVILLE, FL 32588 MICEVILLE, FL 32588								Hari Hari H ari Hari Hari Hari	SIR) ATIS		(1 .F) 	
2. Principal Place of Business 3. Mai			ailing Address									
			uite, Apt. #, etc.			04262005 Ch	g-NP CF	R2E037	(10/03)			
				ity & State			4. FEI Number 59-3675386			_ 	plied For t Applicable	
Zip			Žip	Country			5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registere			d Agent			7. Name and Addr	ess of New Regist	ared Ag	ent			
VALADE, VALERIE 614 COUNTRY CLUB AVE FORT WALTON BEACH, FL 32547					<u> </u>	Name Street Address (P.O. Box Number is Not Acceptable)						
					City				FL	Zip Code	e	
	e named entit tions of regis	y submits this statemen tered agent.	t for the purp	ose of changing its re	egistered office o	or register	ed agent, or both, in t	the State of Florida.	I am far	niliar with,	and accept	
SIGNATURE .		for printed name of registered ag										
	экупалие, курес	o prika is is a registration at	Maran no rech	ICEDIA. (NOTE:	Registered Agent signs	han indexed	(when renstating)		DATE			
	Filing Fe	e is \$61.25 May 1, 2005	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	Make (check p	payable to sent of St		
10.	Filing Fe	e is \$61.25		9. Election Camp	paign Financing		\$5.00 May Be	Make (Florida C	check p Departm ND DIRE	CTORS IN	10	
TITLE	Filing Fe	ne is \$61.25 May 1, 2005 OFFICERS AND		9. Election Camp	paign Financing ontribution.		\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make (Florida D S TO OFFICERS AF	check p Departm	ent of St	ate	
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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.

850-897-6609