


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90156 024 ****61.25

DOCUMENT # N00000007282 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04262005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3675386				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALADE, VALERIE 614 COUNTRY CLUB AVE FORT WALTON BEACH, FL 32547			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALADE, VALERIE		NAME	MARCIA RUTTER	
STREET ADDRESS	614 COUNTRY CLUB AVE		STREET ADDRESS	100 MAIRFIELD CIRCLE EAST	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POOR, BETSY		NAME	DR. LYNNE REYNOLDS	
STREET ADDRESS	107 FULMER CIRCLE NE		STREET ADDRESS	4323 AMERICAN POETS DR	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548		CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOODFLEISCH, BARBARA		NAME	SUE BASCH	
STREET ADDRESS	112 PINOAK CIRCLE		STREET ADDRESS	1613 MYRTLEWOOD LANE	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INNESS, DEANNE		NAME	JEAN TOWERY	
STREET ADDRESS	9 DORAL DR		STREET ADDRESS	321 SKYLINE DRIVE	
CITY-ST-ZIP	SHALIMAR, FL 32579		CITY-ST-ZIP	CRESTVIEW, FL 32539	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, PAT		NAME	ANN MORRELL	
STREET ADDRESS	2515 EDGEWATER DR		STREET ADDRESS	83 PINE STREET	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	GRAYTON BEACH, FL 32451	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TERRY, CASEY		NAME		
STREET ADDRESS	155 OYSTER CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL 32539		CITY-ST-ZIP		
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: Marcia Rutter - MARCIA RUTTER, PRESIDENT <div style="display: flex; justify-content: space-between; margin-top: 5px;"> 4/29/05 850-897-6609 </div>					