

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007282

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: FLYING NEEDLES QUILT GUILD INC.

**Current Principal Place of Business:**

4323 AMERICAN POETS DRIVE  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1652  
NICEVILLE, FL 32588

**New Mailing Address:**

FEI Number: 59-3675386

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

REYNOLDS, LYNNE W DR.  
4323 AMERICAN POETS DRIVE  
NICEVILLE, FL 32578 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: TREA ( ) Delete  
Name: REYNOLDS, LYNNE W DR.  
Address: 4323 AMERICAN POETS DRIVE  
City-St-Zip: NICEVILLE, FL 32578

Title: PRES ( ) Delete  
Name: EVERETT, KATHLEEN  
Address: 421 BAYWOOD DRIVE  
City-St-Zip: NICEVILLE, FL 32578

Title: VPRE ( ) Delete  
Name: DONAVIN, SUSAN  
Address: WEEDEN ISLAND DRIVE  
City-St-Zip: NICEVILLE, FL 32578

Title: SEC ( ) Delete  
Name: JONES, DORETHA DR.  
Address: 230 GREENBRIER CIRCLE NE  
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VPRE (X) Change ( ) Addition  
Name: JONES, DORETHA DR.  
Address: 230 GREENBRIER CIRCLE NE  
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: SEC (X) Change ( ) Addition  
Name: JEAN, LEWIS  
Address: 1671 19TH STREET  
City-St-Zip: NICEVILLE, FL 32578

Title: 2VP ( ) Change (X) Addition  
Name: SUE, BASCH  
Address: 1613 MYRTLEWOOD LANE  
City-St-Zip: NICEVILLE, FL 32578

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: DR. LYNNE W. REYNOLDS

TREA

01/26/2009

Electronic Signature of Signing Officer or Director

Date