

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007282

FILED  
Feb 28, 2012  
Secretary of State

**Entity Name:** FLYING NEEDLES QUILT GUILD INC.

**Current Principal Place of Business:**

801 JOHN SIMS PARKWAY  
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 ( )**

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

STARK, ROSEMARY  
1724 WREN WAY  
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  
Name: STARK, ROSEMARY  
Address: 1724 WREN WAY  
City-St-Zip: NICEVILLE, FL 32578

Title: PRE  
Name: JACOBS, SHARON  
Address: 1203 CHANTILLY CIR  
City-St-Zip: NICEVILLE, FL 32578

Title: VPRE  
Name: COLPITTS, KIM  
Address: 218 GALWAY DR  
City-St-Zip: NICEVILLE, FL 32578

Title: SEC  
Name: HUBBARD, DONNA  
Address: 2552 ERWIN FLEET RD  
City-St-Zip: SHALIMAR, FL 32579

Title: 2VP  
Name: JOHNSON, RUTH  
Address: 262 JUNIPER DR  
City-St-Zip: FREEPORT, FL 32439

I hereby 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 all other like empowered.

SIGNATURE: ROSEMARY STARK

TREA

02/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date