DOCUMENT # N0000007282

1. Entity Name

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 07, 2003 8:00 am Secretary of State

01-13-2003 90358 029 ****61.25

FLYING	NEEDLES QUILT GUILD INC.		V		}}			
POST OFFICE BOX 1652		Mailing Address POST OFFICE BOX 1652 NICEVILLE FL 32588	<u></u>			550	10525	8
2. Principal Place of Business 3		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 59-3675386 Applied For				
Zip 	Country	Zip	Cour	ntry	5. Certificate of St	atus Desired	\$8.75 A	
	8. Name and Address of Current	Registered Agent	ه بیتنا		7. Name and Add	ress of New Registered		
RUTTE		,	Name		7. Name and Address of New Registered Agent			
100 MUIRFIELD COVE		•	Street Address		(P.O. Box Number is Not Acceptable)			
NICEVIL	LE FL 32578	•		<u> </u>				
<u>-</u> -		_	ſ	Crest	Luiew	FI	Zip Co	ode
8. The above the obligation	ve named entity submits this statement for ations of registered agent.	r the purpose of changing its	registered	office or registere	ed agent, or both, in t	he State of Florida. I am	י אמליטו familiar with	n. and accept
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SIGNATURE	Jean C	owen,	1-12	V PT	- T	ensure 6-10-	- A Z	Ì
	Signature, basic or printed name of registered agent	and title if applicable. (NOTE	Registered A	ont signature required	TURY (Y)	DATE	05	
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	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Ce	npaign Fina ontribution		\$5.00 May Be Added to Fees	Make Chec Florida Depar	k Payable	to State
10.		Trust Fund Co	ontribution	o. 🗆	Added to Fees	Florida Depar	rtment of	State
10. TITLE	OFFICERS AND DIF	Trust Fund Co	ontribution).	Added to Fees DDITIONS/CHANGE	Florida Depai	RECTORS II	State N 10
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Increby certify that the information supplied with this filling 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.