

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

1/1

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

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

55005258

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3675386**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RUTTER, MARCIA B
100 MUIRFIELD COVE
NICEVILLE FL 32578**

7. Name and Address of New Registered Agent

Name

JEAN Towery

Street Address (P.O. Box Number is Not Acceptable)

321 Skyline Circle

City

Crestview

FL

Zip Code

32539

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

JEAN C. Towery

Signature, typed or printed name of registered agent and title if applicable

JEAN C. Towery, Treasurer - 10-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JOHNS, JUDY	
STREET ADDRESS	642 RUCKEL DRIVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JEAN, LEWIS	
STREET ADDRESS	1671 19 ST	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DAVEY, BETTY	
STREET ADDRESS	708 MAJORETTE PRINCE CT	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RUTTER, MARCIA	
STREET ADDRESS	100 MUIRFIELD COVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BABICH, LINDA	
STREET ADDRESS	215 WEDGEWOOD LANE	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TERRY, CASEY	
STREET ADDRESS	155 OYSTER CIRCLE	
CITY-ST-ZIP	CRESTVIEW FL 32539	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lewis, Jean	
STREET ADDRESS	1671 19th Street	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE	Treasurer - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Towery, Jean C	
STREET ADDRESS	321 Skyline Circle	
CITY-ST-ZIP	Crestview, FL 32539	
TITLE	Secretary - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Youngblood, Jackie	
STREET ADDRESS	113 Carl Brandt Drive	
CITY-ST-ZIP	Shalimar, FL 32579	
TITLE	Vice President - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grimley, Grace	
STREET ADDRESS	1512 19th Street	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE	Vice President - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jones, Doretha	
STREET ADDRESS	230 Greenbriar Circle NE	
CITY-ST-ZIP	Ft Walton Bch, FL 32547	

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:

JEAN C. Towery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)