


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90228 032 \*\*\*\*61.25

<b>DOCUMENT # N01000008186</b>	
1. Entity Name <b>THE QUILTING SISTERS GUILD, INC.</b>	

Principal Place of Business <b>POST OFFICE BOX 490426 LEESBURG, FL 34749</b>	Mailing Address <b>POST OFFICE BOX 490426 LEESBURG, FL 34749</b>
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**50020269**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01302005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3697805</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MUNDIE, FRED W JR. 13710 US 441 SUITE 100 LADY LAKE, FL 32159</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P OSHEA, MARION 5043 SAWGRASS LAKE CIRCLE LEESBURG, FL 34748</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P Lettsch, Kathleen 25265 Lost Oak Circle Leesburg, FL 34748</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>1VPD MOONEY, PAULA 1990 PALO ALTO AVE. LEESBURG, FL 34748</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>1VPD Mooney, Paula 3312 Cheviot Dr. Tampa, FL 33618</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>2VPD COMPTON, CAROL 13105 LEMON AVE. GRAND ISLAND, FL 32735</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>S Geiger, Georgia 4734 Glen Coc St. Leesburg, FL 34748</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>S SMITH, MARGERY 602 HICKORY HILL LADY LAKE, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>T Webster, Florence 4652 River Ridge Dr Leesburg, FL 34748</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>ATD LIGHTNER, PAT 5520 ASTOR STREET LEESBURG, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>T Barbara Bearden 5033 E1 Destino Dr Leesburg, FL 34748</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>T FULLER, RUTH 182 E LAKEVIEW UMATILLA, FL</b>	<input checked="" type="checkbox"/> Delete		

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:** Barbara Bearden - Treasurer 2/25/05 (352) 323-0675  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Barbara Bearden Date Daytime Phone #