2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # N01000008186

1. Entity Name

THE QUILTING SISTERS GUILD, INC.



FILED Mar 08, 2007 8:00 am Secretary of State

03-08-2007 90016 026 ****61.25

Principal Place of Business

POST OFFICE BOX 490426 LEESBURG, FL 34749 Mailing Address

POST OFFICE BOX 490426 LEESBURG, FL 34749



02262007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-3697805

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUNDIE, FRED W JR. 13710 US 441 SUITE 100 LADY LAKE, FL 32159

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	e named entity submits this statement fo tions of registered agent.	or the purpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE	P	•			
NAME	MOONEY, PAULA				

STREET ADDRESS 3312 CHEVIST DR CITY-ST-ZIP TAMPA, FL 33618 TITLE JILL WOLIN HAUGHWOUT, CAROLE NAME 21805 TARTANST. LEES BURG FC 34748 32908 ENZHANTED OAKS LN STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34748x 2 VPD CHRISTING BRAN TITLE ATKINSON, NANCY 25261 LOST OAK CR NAME STREET ADDRESS 936 ORPAND ST LEESBURGIE 34748 CITY-ST-ZIP THE VILLAGES, FL 32162 TITLE NAME MEUNIER, BARBARA STREET ADDRESS 237 BRENTWOOD DR CITY-ST-ZIP LEESBURG, FL 34748 TITLE DIANE SETLER FLORENCE WEBSTER NAME 937 FORGST Breeze lath LEBS BURGFEL 34748 STREET ADDRESS 4652 RIVER RIDGE DR CITY-ST-ZIP LEESBURG, FL 34748 TITLE BEARDEN BARBARA NAME 5033 E1 DESTUNO DR STREET ADDRESS LEESBURG, FL 34748

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

DIAN E SETLER

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAN

2-27-0

352-323-8874