## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000008186

Entity Name: THE QUILTING SISTERS GUILD, INC.

Apr 13, 2009 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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200 RICHEY RD LEESBURG, FL 34748

**Current Mailing Address: New Mailing Address:** 

POST OFFICE BOX 490426 LEESBURG, FL 34749

FEI Number: 59-3697805 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

MUNDIE, FRED W JR. BAUMAN, LINDA K 13710 US 441 03529 SAILFISH AVENUE FRUITLAND PARK, FL 34731 US SUITE 100 LADY LAKE, FL 32159 US

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.

City-St-Zip:

SIGNATURE: LINDA K. BAUMAN 04/13/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete MEONIER, BARBARA MEUNIER, BARBARA Name: Name: 237 BENTWOOD DR Address: 237 BENTWOOD DR Address: City-St-Zip: LEESBURG, FL 34748 LEESBURG, FL 34748

Title: 1VPD () Delete Title: () Change () Addition

Name: LYTLE, BOBBI Name: Address: 14762 SE 140THAVE RD Address: City-St-Zip: WEIRSDALE, FL 32195 City-St-Zip:

Title: 2VPD () Delete Title: () Change () Addition

BRANT, CHRISTINE Name: Name: Address: 25261 LOST OAK CR. Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip:

Title: ( ) Delete Title: (X) Change ( ) Addition

Name: WONSCH, BARBARA Name: WUNSCH, BARBARA Address: 26033 GLEN EAGLE DR Address: 26033 GLEN EAGLE DR City-St-Zip: LEESBURG, FL 34748 City-St-Zip: LEESBURG, FL 34748

Title: () Delete Title: (X) Change ( ) Addition

SETLER, DIANE BAUMAN, LINDA K Name: Name: 937 FORGET BREEZE PATH 03529 SAILFISH AVENUE Address: Address: LEESBURG, FL 34748 City-St-Zip: City-St-Zip: FRUITLAND PARK, FL 34731

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LINDA K. BAUMAN Т 04/13/2009