

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90030 035 \*\*\*\*61.25

**DOCUMENT # N02000006034**

1. Entity Name  
**SEBASTIAN STEPPING STONE QUILT GUILD,  
INCORPORATED**



Principal Place of Business  
**ROSELAND UNITED METHODIST CHURCH  
12962 ROSELAND RD  
ROSELAND, FL 32957**

Mailing Address  
**C/O MARILYN LEE  
1524 EAGLES CIR  
SEBASTIAN, FL 32958**

**40010140**



2. Principal Place of Business - No P.O. Box #

**Old City Council Chambers  
Suite, Apt. #, etc.  
1225 MAIN ST**

3. Mailing Address

**0% Darlene Shimko  
Suite, Apt. #, etc.  
315 Avocado**

01072007 Chg-NP CR2E037 (12/06)

City & State  
**Sebastian, FL**

City & State  
**Barefoot Bay, FL**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☐ Not Applicable

Zip  
**32958**

Country  
**USA**

Zip  
**32976**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LEE, MARILYN  
1534 EAGLES CIR  
SEBASTIAN, FL 32958**

7. Name and Address of New Registered Agent

Name **Shimko, Darlene**  
Street Address (P.O. Box Number is Not Acceptable)  
**315 Avocado**  
City **Barefoot Bay** FL Zip Code **32976**

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 reappointing)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2007**

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 **P** ☒ Delete  
NAME **LEE, MARILYN**  
STREET ADDRESS **1524 EAGLES CIR**  
CITY-ST-ZIP **SEBASTIAN, FL 32958**

TITLE **SCO** ☒ Delete  
NAME **GILLESPIE, JOAN**  
STREET ADDRESS **307 EGRET CIRCLE**  
CITY-ST-ZIP **BAREFOOT BAY, FL 32976**

TITLE **SCO** ☒ Delete  
NAME **SMITH, BETTY**  
STREET ADDRESS **815 WREN CIRCLE**  
CITY-ST-ZIP **BAREFOOT BAY, FL 32958**

TITLE **T** ☐ Delete  
NAME **NYIRE, JOAN**  
STREET ADDRESS **8755 U.S. HWY. 1**  
CITY-ST-ZIP **MICCO, FL 32976**

TITLE **VP** ☒ Delete  
NAME **SHIMKO, DARLENE**  
STREET ADDRESS **315 AVOCADO**  
CITY-ST-ZIP **BAREFOOT BAY, FL 32976**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition  
NAME **Shimko, Darlene**  
STREET ADDRESS **315 Avocado**  
CITY-ST-ZIP **Barefoot Bay, FL 32976**

TITLE **VP** ☒ Change ☐ Addition  
NAME **Ellie Perrone**  
STREET ADDRESS **7836 95th Court**  
CITY-ST-ZIP **Vero Beach, FL 32967**

TITLE **SEC** ☒ Change ☐ Addition  
NAME **Nomie Tatro**  
STREET ADDRESS **310 Main St**  
CITY-ST-ZIP **Sebastian, FL 32958**

TITLE ☐ Change ☐ Addition  
NAME **→ Same**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: **Darlene Shimko** **DARLENE SHIMKO** 1/28/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone