

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000006034

1. Entity Name

SEBASTIAN STEPPING STONE QUILT GUILD,
INCORPORATED



Principal Place of Business

OLD CITY COUNCIL CHAMBERS
1225 MAIN STREET
SEBASTIAN FL 32958

Mailing Address

C/O DARLENE SHIMKO
315 AVOCADO
BAREFOOT BAY FL 32976



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIMKO, DARLENE
315 AVOCADO
BAREFOOT BAY FL 32976

Name

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

City

FL

Zip Code

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 fee if applicable)

(NOTE: Registered Agent signature is not needed when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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 SHIMKO, DARLENE
STREET ADDRESS 315 AVOCADO
CITY-ST-ZIP BAREFOOT FL 32976

TITLE VP ☐ Delete
NAME PERRONE, ELLIE
STREET ADDRESS 7836 95TH COURT
CITY-ST-ZIP VERO BEACH FL 32967

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

TITLE S ☐ Delete
NAME TATRO, NOMIE
STREET ADDRESS 310 MAIN STREET
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
U000000950860
06/04/08-80008-018 61.25

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

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

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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 Section 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:

Joan M. Nyire

May 1 08 772-663-9818