


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90012 024 \*\*\*\*61.25

<b>DOCUMENT # N03000010596</b>					
1. Entity Name THE QUILTERS OF ALACHUA COUNTY DAY GUILD, INC.					
Principal Place of Business P O BOX 357012 GAINESVILLE, FL 32635			Mailing Address P O BOX 357012 GAINESVILLE, FL 32635		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 27-0074462	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONREY, CAROLYN 9952 SW 54TH LN GAINESVILLE, FL 32608			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$81.25 Due by May 1, 2008</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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONREY, CAROLYN		NAME	May McQueary	
STREET ADDRESS	9952 SW 54 LANE		STREET ADDRESS	21607 Old Providence Road	
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP	Alachua, FL 32615	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	1st U.S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILLS, LAURA		NAME	Beverly Hilton	
STREET ADDRESS	1521 SW 96TH ST		STREET ADDRESS	4716 NW 41 Street	
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNSEND, CINDY		NAME	Melanie Phillipot	
STREET ADDRESS	2632 SW 98 DRIVE		STREET ADDRESS	4234 NW 55 way	
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILLS, LAURA		NAME	Laura Sills	
STREET ADDRESS	1521 SW 96 ST		STREET ADDRESS	1521 SW 96 St.	
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP	Gainesville, FL 32604	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Laura A. Sills</i>		SIGNATURE: <i>Laura A. Sills</i>		352/333-3081	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	