

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003539

FILED
Feb 28, 2006
Secretary of State

Entity Name: NIMBLE FINGERS QUILTERS' GUILD, INC.

Current Principal Place of Business:

267 E HIGHBANKS
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 530182
DEBARY, FL 32753

New Mailing Address:

FEI Number: 51-0504543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, SUSAN D
1735 ROOS LN
DELAND, FL 32724 US

Name and Address of New Registered Agent:

TERRY, MICHELE
668 MOURNING DOVE CIRCLE
LAKE MARY, FL 32736 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.

SIGNATURE: MICHELE TERRY

02/28/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHITE, SUSAN
Address: 1725 ROOS LN
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: CARTER, CAROLE
Address: 198 ELVIRA ST
City-St-Zip: LAKE HELEN, FL 32744

Title: D () Delete
Name: ALEXANDER, KATHY
Address: 1100 N THORPE AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: D () Delete
Name: LNECTAL, NANCY
Address: 410 W 19TH ST
City-St-Zip: SANFORD, FL 32771

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TERRY, MICHELE
Address: 668 MOURNING DOVE CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: VP (X) Change () Addition
Name: GOOLDE, KAY
Address: 1801 MONASTERY ROAD
City-St-Zip: ORANGE CITY, FL 32763

Title: S (X) Change () Addition
Name: ALEXANDER, KATHY
Address: 1100 N THORPE AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: T (X) Change () Addition
Name: STURGES, BRENDA
Address: 634 SAGAMORE DRIVE
City-St-Zip: DELTONA, FL 32738

Title: D () Change (X) Addition
Name: CHARNELL, KATHY
Address: 2543 COUNTRY SQUIRE LANE
City-St-Zip: DELAND, FL 32720

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHELE TERRY

P

02/28/2006

Electronic Signature of Signing Officer or Director

Date