

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005020

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** EVENING STAR QUILTERS' GUILD, INC.

**Current Principal Place of Business:**

5347 PALANGOS DR  
PUNTA GORDA, FL 33982

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 511572  
PUNTA GORDA, FL 33951

**New Mailing Address:**

**FEI Number:** 20-2862693

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOORE, JAMES E III  
1107 WEST MARION AVE SUITE 112  
PUNTA GORDA, FL 33950 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SCHANKIN, JOYCE  
Address: 2152 TAIWAN CT  
City-St-Zip: PUNTA GORDA, FL 33983

Title: D ( ) Delete  
Name: MCDERMOTT, DIANA  
Address: 5347 PALANGOS DR  
City-St-Zip: PUNTA GORDA, FL 33982

Title: D ( ) Delete  
Name: WILLS, MARY ANN  
Address: 5143 S. CRANBERRY BLVD  
City-St-Zip: NORTH PORT, FL 34286

Title: D ( ) Delete  
Name: PAYNTER, JUNE  
Address: 467 SHARKS PT.  
City-St-Zip: NORTH PORT, FL 34287

Title: D ( ) Delete  
Name: TOPPING, SHARON  
Address: 1033 LIVE OAK CIR  
City-St-Zip: PORT CHARLOTTE, FL 33948

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SLUSAR, KAREN  
Address: 21500 EDGEWATER DR.  
City-St-Zip: PT. CHARLOTTE,, FL 33952

Title: D (X) Change ( ) Addition  
Name: FITZPATRICK, DELORES  
Address: 15076 ALSASK CIRCLE  
City-St-Zip: PT. CHARLOTTE, FL 33981

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: KAREN SLUSAR

TRES

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date