2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005036

FILED Jan 08, 2009 Secretary of State

Entity Name: QUILTING IN THE PINES GUILD, INC.

Current Principal Place of Business: New Principal Place of Business:

1612 SW 149 AVE 19905 SW 5TH CT

PEMBROKE PINES, FL 33027 US PEMBROKE PINES, FL 33029 US

Current Mailing Address: New Mailing Address:

1612 SW 149 AVE 19905 SW 5TH CT

PEMBROKE PINES, FL 33027 US PEMBROKE PINES, FL 33029 US

FEI Number: 27-0117467 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LORENZO, CHARLOTTE W ROWE, ELAINE 19905 SW 5TH CT

PEMBROKE PINES, FL 33027 US PEMBROKE PINES, FL 33029 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: ELAINE ROWE 01/08/2009

Electronic Signature of Registered Agent Date

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

itle: P () Delete Title: P (X) Change () Addition

 Name:
 LORENZO, CHARLOTTE W
 Name:
 ROWE, ELAINE

 Address:
 1612 SW 149TH AVENUE
 Address:
 19905 SW 5TH CT

City-St-Zip: PEMBROKE PINES, FL 33027 US City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: VP () Delete Title: VP (X) Change () Addition Name: ROWE, ELAINE Name: LINDA, SWITZER

Address: 19905 S.W. J. CT Address: 2320 NW 103RD AVE

City-St-Zip: PEMBROKE PINES, FL 33029 US City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: S () Delete Title: () Change () Addition

 Name:
 HUNTER, ROSE
 Name:

 Address:
 1009 NW 125TH TERRACE
 Address:

 City-St-Zip:
 SUNRISE, FL 33323 US
 City-St-Zip:

 Name:
 KNAPP, NANCY
 Name:
 MADARA, ELENA

 Address:
 2020 N.W. 84 TERR
 Address:
 2601 SW 141ST TER

 City-St-Zip:
 PEMIBROKE PINES, FL 33024
 City-St-Zip:
 DAVIE, FL 33330

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: ELENA MADARA T 01/08/2009