2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2007 8:00 am Secretary of State

DOCUMENT # N0600003169 1. Entity Name CITRUS COUNTY CRACKER QUILTERS GUILD, INC.						03-14-20	07 90021 0)46 ****6	51.25
9 ASPARAGUS CT 9 A		Mailing Address 9 ASPARAGUS CT HOMOSASSA, FL 34446		_	35073	al hi ar hi foias in	ian niang angga na	111 10:1 18:1 (10:0)	
2. Principal Place of Business - No P.O. Box # 3		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02062007	Chg-NP	CR2E03	7 (12/06)	
City & State		City & State			4. FEI Number	29175	77		oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of	-	a m	\$8.75 Add Fee Require	
	6. Name and Address of Current Re	egistered Agent			7. Name and /	Address of Ne	w Registered A	gent	
MACHEDO	LOPNA		Name						
WICHERS, LORNA 18973 SW 93RD LOOP DUNNELLON, FL 34432			Street A	Address (I	ess (P.O. Box Number is Not Acceptable)				
			City				FL	Zip Cod	9
8. The above the obligat	named entity submits this statement for t tions of registered agent.	he purpose of changing its r	egistered office o	r register	ed agent, or both	, in the State o	Florida. I am f	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent and	1 title if annilinable /NOTE					ĐẠTE		<u>.</u>
	- Signature, types or printed to the strong-our day of a golf and	2 and 11 approximate 1140 (C.	Registered Agent signal	mue Lediniuea	when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	F	Make check lorids Depart		
10.	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financing		\$5.00 May Be	F	Make check lorida Depart	ment of St	tate
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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: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Design Printed Proce 8