2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2006 8:00 am Secretary of State 04-14-2006 90150 036 ****61.25

DOCUMENT # N09771 1. Entity Name NAPLES QUILTERS GUILD, INC.									04-14	-2006 9	90150 03	36 *****6	1.25
Principal Place of Business PO BOX 3055 NAPLES, FL 33939 US Mailing Address PO BOX 3055 NAPLES, FL 34106					US						5001.		
2. Principal Place of Business			3. Mai	3. Mailing Address									
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				04092006	Chg-NF)	CR2E03	7 (11/05)	
City & State			Ci	City & State				4. FEI Number Applied For 65-1079029 Not Applicable					
Zip Country		Zij	Zip		Country		5. Certificate	of Status D	esired		8.75 Add ee Require		
	6. Name	and Address of Cur	rent Register	ed Agent				7. Name and	Address o	f New Re	gistered A	gent	
METCALF	•					Name	Camp	, Share	n				
3755 WHIDBEY WAY NAPLES, FL 34114				Street			ddress (1 130 G	P.O. Box Numb olfview	er is Not Ac Drive	ceptable			
-	- 3:					City .		·			FL	Zip Cod	
		y submits this stateme	ent for the purp	oose of changing its r	egister	ed office or	laple register	ed agent, or bo	th, in the St	ate of Flo			110 and accept
~	tions of regist	lered agent.	n E	$\mathcal{A}(\mathcal{A})$						4	1/10	106	
SIGNATURE.	Slodenire broad	or printed name of registered		r 11 (11075		Cant sionsh					/ / / /		
	0.000	or printeo name or registered	ageni and tipe ir api	picable. (NOTE:	Registere	AZ ABOTIL SIGNALI	ure required	when reinstating)			DATE		
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10.	Filing Fe Due by N	e is \$61.25		9. Election Cam Trust Fund Co	paign F	inancing		\$5.00 May E	1	Flori	da Depart	ment of S	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD METCALF 3755 WHI	e is \$61.25 May 1, 2006		9. Election Cam Trust Fund Co	paign Fontribut 11. TITL NAM STRI	Financing ion.	PD Cam 430	\$5.00 May E Added to Fees ADDITIONS/CH ap, Shar Golfviev	ANGES TO ron V Driv	Fiori OFFICEF	da Depart	ment of S	tate
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of the corporation or supplemental report is true and accurate and main my signature shall have the same legal effect as it made under carr; 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #