

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.



Principal Place of Business
PO BOX 3055
NAPLES, FL 33939 US

Mailing Address
PO BOX 3055
NAPLES, FL 34106 US

50012189



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-1079029

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

METCALFE, BARBARA
3755 WHIDBEY WAY
NAPLES, FL 34114

Name
Camp, Sharon
Street Address (P.O. Box Number is Not Acceptable)
430 Golfview Drive
City
Naples FL Zip Code
34110

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sharon Camp

4/10/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME METCALFE, BARBARA
STREET ADDRESS 3755 WHIDBEY WAY
CITY-ST-ZIP NAPLES, FL 34114

TITLE PD ☒ Change ☐ Addition
NAME Camp, Sharon
STREET ADDRESS 430 Golfview Drive
CITY-ST-ZIP Naples, FL 34110

TITLE VPD ☒ Delete
NAME LENAHA, PAULA
STREET ADDRESS 1860 17TH STREET SW
CITY-ST-ZIP NAPLES, FL 34117

TITLE VPD ☒ Change ☐ Addition
NAME Carvajal, Liliana
STREET ADDRESS 3097 Futuna Lane
CITY-ST-ZIP Naples, FL 34119

TITLE VPD ☒ Delete
NAME SMALDONE, SHARON
STREET ADDRESS 3863 MIDSHORE DR
CITY-ST-ZIP NAPLES, FL 34109

TITLE VPD ☒ Change ☐ Addition
NAME Maloney, Janice
STREET ADDRESS 3673 Kent Drive
CITY-ST-ZIP Naples, FL 34112

TITLE T ☐ Delete
NAME WALRATH, PATRICIA
STREET ADDRESS 590 AUGUST BLVD
CITY-ST-ZIP NAPLES, FL 34113

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME CAMP, SHARON
STREET ADDRESS 430 GOLFVIEW DRIVE
CITY-ST-ZIP NAPLES, FL 34110

TITLE SD ☒ Change ☐ Addition
NAME Hurst, Kay
STREET ADDRESS 3475 14th Street N
CITY-ST-ZIP Naples, FL 34103

TITLE SD ☐ Delete
NAME CAVABAGH, PATRICIA
STREET ADDRESS 228 BASS COURT
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/06