

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90072 006 ****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

40107430



2. Principal Place of Business - No P.O. Box #
777 MOORINGLINE DRIVE
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 3055
Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State
NAPLES, FL
Zip
34102

Country
COLLIER

City & State
NAPLES, FL
Zip
34106

Country
COLLIER

4. FEI Number
65-1079029

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAMP, SHARON
430 GOLFVIEW DR
NAPLES, FL 34110

7. Name and Address of New Registered Agent

Name
JOANNE GASPERIK
Street Address (P.O. Box Number is Not Acceptable)
2952 BRACCI DRIVE
City
ST. JAMES CITY FL Zip Code
33956

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 Joanne Gasperik JOANNE GASPERIK 4-2-07
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, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CAMP, SHARON 430 GOLFVIEW DR NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARVAJAL, LILIANA 3097 FUTUNA LN NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MALONEY, JANICE 3673 KENT DR NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALRATH, PATRICIA 590 AUGUST BLVD NAPLES, FL 34113	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HURST, KAY 3475 14TH ST, N NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAVABAGH, PATRICIA 228 BASS COURT MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JOANNE GASPERIK 2952 BRACCI DR ST. JAMES CITY FL 33956	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D CYNTHIA WISMAN CYNTHIA WISMAN 9937 ORTEGA LANE BONITA SPRINGS FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D JUDY BAUCKHAM 7668 SUSSEX CT. NAPLES FL 34113	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D FERNE DAMMLING 2145 MALIBU LAKES CIRCE #183 NAPLES FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D MARY MEEK 2553 LONGBOAT DRIVE NAPLES FL 34104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 the empowered.

SIGNATURE: Joanne Gasperik 4/25/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #