2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N09771

Entity Name: NAPLES QUILTERS GUILD, INC.

Current Principal Place of Business:

777 MOORINGLINE DRIVE
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3055
NAPLES, FL 34106 US

New Mailing Address:

FEI Number: 65-1079029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASPERIK, JOANNE
2952 BRACCI DRIVE
SAINT JAMES CITY, FL 33956 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	NEW, BETTY	
Address:	1712 KINGS LAKE BLVD #104	
City-St-Zip:	NAPLES, FL 34112	
Title:	VD	( ) Delete
Name:	BAUCKHAM, JUDY	
Address:	7668 SUSSEX CT	
City-St-Zip:	NAPLES, FL 34113	
Title:	TD	( ) Delete
Name:	BIONDINO, LINDA	
Address:	218 SABAL LAKE DR	
City-St-Zip:	NAPLES, FL 34104	
Title:	SD	( ) Delete
Name:	DAMMLING, FERNE	
Address:	2145 MALIBU LAKES CIRCLE #1813	
City-St-Zip:	NAPLES, FL 34119	
Title:	SD	( ) Delete
Name:	MEEK, MARY	
Address:	2553 LONG BOAT DRIVE	
City-St-Zip:	NAPLES, FL 34104	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	JUTRAS, NANCY	
Address:	14817 FRIPP ISLAND CT	
City-St-Zip:	NAPLES, FL 34119	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	GAERTNER, ALICE	
Address:	9289 TROON LAKES DR	
City-St-Zip:	NAPLES, FL 34109	
Title:	SD	(X) Change ( ) Addition
Name:	MCFARLAND, PENNY	
Address:	532 BAREFOOT WILLIAMS RD #182	
City-St-Zip:	NAPLES, FL 34113	

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: LINDA BIONDINO TD 04/15/2009

Electronic Signature of Signing Officer or Director — Date