

2001 UNIFORM BUSINESS REPORT (UBR)

4/6/

FILED
May 17, 2001 8:00 am
Secretary of State

04-06-2001 90047 031 ****61.25

DOCUMENT # N10723

1. Entity Name
GOLD COAST QUILTER'S GUILD, INC.

Principal Place of Business 716 NW 6 DRIVE P O BOX 2573 BOCA RATON FL 33486 US	Mailing Address 716 NW 6TH DR P O BOX 2573 BOCA RATON FL 33486 US
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44320



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2524521	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent
HILL, JANE
716 NW 6TH DRIVE
BOCA RATON FL 33486

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, JANE 716 NW 6 DR BOCA RATON FL 33486 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WELHAF, CELESTE 1382 SW 13 PL BOCA RATON FL 33486 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROWLEY, GLENDA 7312 NW 45 AVE COCONUT CREEK FL 33073 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEFRANCIS, JEAN 8451 PARKVIEW DR BOCA RATON FL 33433 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBINETTE ROBINSON 4218 NW 3 AVE BOCA RATON FL 33431-4106 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT JUDY CORNELL 400 SEA SAGE DR APT 1106 DELRAY BEACH FL 33483-6787 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VPD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CAROL HODGES 640 NE 23 CT POMPANO BEACH FL 33064-5505 <input type="checkbox"/> Change <input type="checkbox"/> Addition SD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] **4/2/01 561-393-7714**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #