

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90023 021 \*\*\*\*61.25

<b>DOCUMENT # N10723</b>					
1. Entity Name GOLD COAST QUILTER'S GUILD, INC.					
Principal Place of Business 716 NW 6 DRIVE BOCA RATON, FL 33486 US			Mailing Address P.O. BOX 710 BOCA RATON, FL 33429-0710 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HILL, JANE 716 NW 6TH DRIVE BOCA RATON, FL 33486				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPPEN, EDNA S			NAME	
STREET ADDRESS	356 COTTONWOOD LANE			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33487			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAHL, BARBARA			NAME	HAHL, BARBARA
STREET ADDRESS	1324 S.W. 1 STREET			STREET ADDRESS	1321 SW 1 ST
CITY-ST-ZIP	BOCA RATON, FL 33486			CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADIGAN, ROSALIE			NAME	
STREET ADDRESS	85 S.W. 11 COURT			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33486			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	D
NAME				NAME	ELIZABETH LOCKE
STREET ADDRESS				STREET ADDRESS	4130 GEORGES WAY
CITY-ST-ZIP				CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>Rosalie S. Madigan</i> ROSALIE S. MADIGAN 3/28/05 561-394-3570 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Treasurer</small> <small>Date</small> <small>Daytime Phone #</small>					