



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N10723 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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03282005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2524521	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		
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)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEPPEN, EDNA S 356 COTTONWOOD LANE BOCA RATON, FL 33487		<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAHL, BARBARA 1324 S.W. 1 STREET BOCA RATON, FL 33486		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MADIGAN, ROSALIE 85 S.W. 11 COURT BOCA RATON, FL 33486		<input type="checkbox"/> Delete	PD HAHL, BARBARA 1321 SW 1 ST BOCA RATON, FL 33486	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIZABETH LOCKE 4130 GEORGES WAY BOCA RATON, FL 33434		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIZABETH LOCKE 4130 GEORGES WAY BOCA RATON, FL 33434		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIZABETH LOCKE 4130 GEORGES WAY BOCA RATON, FL 33434		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Date Daytime Phone #</small> <div style="text-align: center;">TREASURER</div>					