

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90037 013 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2524521

Applied For
Not Applicable

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

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

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, 2008**

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
KASSAL, COLETTE
7399 E. COUNTRY CLUB BLVD.
BOCA RATON, FL 33487** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MARIANNE HAYCOOK
2410 NE 32 CT
LIGHTHOUSE POINT, FL 33064** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
DEFRANCES, JEAN S
6451 PARKVIEW DRIVE
BOCA RATON, FL 33433** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LINDA FREYER
10658 NW 47 CT
CORAL SPRINGS, FL 33076** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAYCOOK, MARIANNE
2410 NE 32 CT
LIGHT HOUSE POINT, FL 33064** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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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 like empowered.

SIGNATURE:

JEAN S. De Frances

JEAN S DEFRANCES

01/19/2008

561-393-6178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #