


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90010 050 \*\*\*\*61.25

|  |   |   |   |
|--|---|---|---|
| <b>DOCUMENT # N13581</b><br>1. Entity Name<br><b>WEST BROWARD QUILTERS' GUILD INC.</b>   |   |    |   |
| Principal Place of Business<br><b>P. O. BOX 550066<br/>DAVIE, FL 33355</b>   |   | Mailing Address<br><b>1101 SE 8 STREET<br/>FT LAUDERDALE, FL 33316</b>  |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>6500 SW 47 ST</b><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |
| City & State<br><b>Davie FL</b><br>Zip<br><b>33314</b>   |   | City & State<br><br>Zip<br>Country  |   |
| Country<br><b>USA</b>  |   | 4. FEI Number<br><b>59-2369051</b>  |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required  |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>BOLEN, SALLY P<br/>1101 SE 8 STREET<br/>FT LAUDERDALE, FL 33316</b>  |   | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |   |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |   |
| <b>Make check payable to<br/>Florida Department of State</b>   |   | 10. OFFICERS AND DIRECTORS  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VD<br>CASHMORE, JUNE<br>8900 WASHINGTON #604<br>HOLLYWOOD, FL 33025       | <input type="checkbox"/> Delete   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TD<br>BOLEN, SALLY<br>1101 SE 8 STREET<br>FT LAUDERDALE, FL 33316         | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | SD<br>CHRISTANSEN, LINDA<br>1431 NW 126 LANE<br>FORT LAUDERDALE, FL 33323 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PD<br>JONES, MONICA<br>1288 NW 127 DR<br>SUNRISE, FL 33323                | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | SD<br>Lawrence Linda<br>11661 Salerno Circle<br>Weston, FL 33327          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VD<br>DeBrujin, Beverly<br>1304 Guava Isle<br>Ft Lauderdale, FL 33315     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    |
| 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: <u>Sally P. Bolen Treasurer</u> 2/20/07 954-467-3363<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |   |   |