

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13581

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** WEST BROWARD QUILTERS' GUILD INC.

**Current Principal Place of Business:**

6500 SW 47 ST  
FORT LAUDERDALE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

1101 SE 8 STREET  
FT LAUDERDALE, FL 33316

**New Mailing Address:**

**FEI Number:** 59-2369051

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOLEN, SALLY P  
1101 SE 8 STREET  
FT LAUDERDALE, FL 33316 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CASHMORE, JUNE  
Address: 8900 WASHINGTON #604  
City-St-Zip: HOLLYWOOD, FL 33025

Title: TD ( ) Delete  
Name: BOLEN, SALLY  
Address: 1101 SE 8 STREET  
City-St-Zip: FT LAUDERDALE, FL 33316

Title: VD ( ) Delete  
Name: DEBRUIGN, BEVERLY  
Address: 1304 GUAVA ISLE  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: SD ( ) Delete  
Name: DONN, CATHY  
Address: 9703 FOREST DR  
City-St-Zip: HOLLYWOOD, FL 33025

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WOODS, JENNIFER  
Address: 8892 SOUTHERN ORCHARD RD N  
City-St-Zip: DAVIE, FL 33328

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALLY P BOLEN

TREA

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date