

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90006 030 ****61.25

DOCUMENT # N24748

1. Entity Name
PALM BEACH COUNTY QUILTERS' GUILD, INC.



Principal Place of Business
**P.O. BOX 18276
WEST PALM BEACH, FL 33416 US**

Mailing Address
**P O BOX 18276
WEST PALM BEACH, FL 33416-8276 US**

50002521



01052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2803248

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**VALINOTI, SABRA
17874 46 CT. N
LOXAHATCHEE, FL 33470**

Name **HOPKINS, CATHY A**
Street Address (P.O. Box Number is Not Acceptable)
922 Belmont DR
City **West Palm Beach** FL Zip Code **33415**

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

Cathy A. Hopkins

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/8/05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 **P** ☒ Delete
NAME **SCULLY-SUHR, LYNN**
STREET ADDRESS **11668 167 PL N.**
CITY-ST-ZIP **JUPITER, FL 33478**

TITLE **PRESIDENT** ☒ Change ☒ Addition
NAME **KAY, MICHELLE**
STREET ADDRESS **383 FARMOALE RD**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **VP** ☒ Delete
NAME **KAY, MICHELLE**
STREET ADDRESS **383 FARMDALE RD.**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE **V PRESIDENT** ☐ Change ☒ Addition
NAME **KIMBERLY WHITEHEAD**
STREET ADDRESS **2717 Saginaw Avenue**
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE **T** ☒ Delete
NAME **VALINOTI, SABRA**
STREET ADDRESS **17874 46 CT. N.**
CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **CATHY A. HOPKINS**
STREET ADDRESS **922 BELMONT DRIVE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE **AT** ☒ Delete
NAME **KIMMER, ELLEN**
STREET ADDRESS **2888 WAYNE RD.**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE **ASST TREASURER** ☐ Change ☒ Addition
NAME **BLAZOK, JACQUELYN**
STREET ADDRESS **1959 KUDZA RD**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **S** ☒ Delete
NAME **VROMAN, JEANNE**
STREET ADDRESS **80 W. COCONUT DR.**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **HAGER, FAY**
STREET ADDRESS **8889 CASTLE DRIVE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

Cathy A. Hopkins
CATHY A. HOPKINS

SECRETARY

1/12/05