
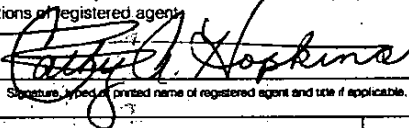
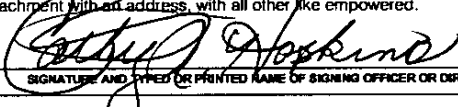


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90358 046 ****70.00

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	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOPKINS, CATHY A 922 BELMONT DR WEST PALM BEACH, FL 33415				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> Treasurer <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> 4/13/06 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAY, MICHELLE		NAME	Whitehead, Kimberly	
STREET ADDRESS	383 FARMOALE RD		STREET ADDRESS	2717 Saginaw Avenue	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITEHEAD, KIMBERLY		NAME	Debra Sprague	
STREET ADDRESS	2717 SAGINAW AVENUE		STREET ADDRESS	4115 Johnson Dairy Rd #568	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPKINS, CATHY A		NAME	same	
STREET ADDRESS	922 BELMONT DR		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP		
TITLE	AT	<input checked="" type="checkbox"/> Delete	TITLE	At	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLAZOK, JACQUELYN		NAME	Edith Rovinelli	
STREET ADDRESS	1959 KUDZA RD		STREET ADDRESS	1724 No 11th Ave	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP	Lake Worth, FL 33460	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGER, FAY		NAME	same	
STREET ADDRESS	8889 CASTLE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		CATHY A HOPKINS		4/13/06 <small>Date</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		689-9966 <small>Daytime Phone #</small>	