

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90181 039 ****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		
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		4. FEI Number 59-2803248
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HOPKINS, CATHY A 922 BELMONT DR WEST PALM BEACH, FL 33415				7. Name and Address of New Registered Agent Name EDIE ROVINELLI Street Address (P.O. Box Number is Not Acceptable) 1724 N. 11TH AVE City LAKE WORTH, FL Zip Code 33460	
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 <i>Edith L. Rovinelli</i> 3/31/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	VP SPRAGUE, DEBRA 4115 JOHNSON DAIRY RD #568 PALM BEACH GARDENS, FL 33410		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITEHEAD, KIMBERLY 2717 SAGINAW AVENUE WEST PALM BEACH, FL 33409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition REBECCA WINTERS 807 32ND ST WEST PALM BEACH, FL 33407	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOPKINS, CATHY A 922 BELMONT DR WEST PALM BEACH, FL 33415		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition EDIE ROVINELLI 1724 N. 11TH AVE LAKE WORTH, FL 33460	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ROVINELLI, EDITH 1724 N. 11TH AVE LAKE WORTH, FL 33460		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PATTY SULLIVAN 520 FAIRWIND DR NORTH PALM BEACH, FL 33408	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAGER, FAY 8889 CASTLE DRIVE BOYNTON BEACH, FL 33438		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SHIRLEY HOLDER 2641 CLIPPER CIRCLE WEST PALM BEACH, FL 33411	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Edith L. Rovinelli</i>			3/31/07 565822228		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					