

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90031 018 \*\*\*\*61.25

<b>DOCUMENT # N24748</b> 1. Entity Name <b>PALM BEACH COUNTY QUILTERS' GUILD, INC.</b>			
Principal Place of Business <b>P.O. BOX 18276</b> <b>WEST PALM BEACH, FL 33416 US</b>		Mailing Address <b>P O BOX 18276</b> <b>WEST PALM BEACH, FL 33416-8276 US</b>	
2. Principal Place of Business - No P.O. Box # <b>4800 DREHER TRLN</b>		3. Mailing Address Suite, Apt. #, etc.  	
City & State <b>WEST PALM BCH, FL</b>		City & State  	
Zip <b>33405</b>	Country <b>USA</b>	Zip  	Country  
4. FEI Number <b>59-2803248</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ROVINELLI, EDIE</b> <b>1724 N 11TH AVE</b> <b>LAKE WORTH, FL 33460</b>		7. Name and Address of New Registered Agent Name <b>PATTY SULLIVAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>520 FAIRWIND DR</b> City <b>NO. PALM BEACH FL</b> Zip Code <b>33408</b>	
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 <u><i>Patty Sullivan</i></u> <span style="float: right;">1/31/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <i>check</i> <b>Due by May 1, 2008</b> <i>#2832</i>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>SPRAGUE, DEBRA</b> STREET ADDRESS <b>4115 JOHNSON DAIRY RD #568</b> CITY-ST-ZIP <b>PALM BEACH GARDENS, FL 33410</b>	TITLE <b>VP</b> <input type="checkbox"/> Delete NAME <b>WINTERS, REBECCA</b> STREET ADDRESS <b>807 32ND ST</b> CITY-ST-ZIP <b>WEST PALM BEACH, FL 33409</b>	TITLE <b>AT</b> <input type="checkbox"/> Delete NAME <b>SULLIVAN, RATTY</b> STREET ADDRESS <b>520 FAIRWIND DR</b> CITY-ST-ZIP <b>NORTH PALM BEACH, FL 33408</b>	TITLE <b>T</b> <input checked="" type="checkbox"/> Delete NAME <b>ROVINELLI, EDITH</b> STREET ADDRESS <b>1724 N. 11TH AVE</b> CITY-ST-ZIP <b>LAKE WORTH, FL 33460</b>
TITLE <b>S</b> <input type="checkbox"/> Delete NAME <b>HOLDER, SHIRLEY</b> STREET ADDRESS <b>2641 CLIPPER CIR</b> CITY-ST-ZIP <b>WEST PALM BEACH, FL 33411</b>	TITLE <b>T</b> <input type="checkbox"/> Delete NAME <b>SPRAGUE, DEBRA</b> STREET ADDRESS <b>4115 JOHNSON DAIRY RD #568</b> CITY-ST-ZIP <b>PALM BEACH GARDENS, FL 33410</b>	TITLE <b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>PATTY SULLIVAN</b> STREET ADDRESS <b>520 FAIRWIND DR, NO PALM BCH</b> CITY-ST-ZIP <b>FL 33408</b>	TITLE <b>S</b> <input type="checkbox"/> Delete NAME <b>HOLDER, SHIRLEY</b> STREET ADDRESS <b>2641 CLIPPER CIR</b> CITY-ST-ZIP <b>WEST PALM BEACH, FL 33411</b>
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><i>Patty Sullivan</i></u> <b>PATTY SULLIVAN</b>		Date <u>1/31/08</u> <b>561</b> Daytime Phone # <u>676 8897</u>	