


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90025 048 ****61.25

DOCUMENT # N33117 1. Entity Name FLORIDA CABIN FEVER QUILTERS GUILD, INC.																																																																																													
Principal Place of Business PO BOX 891 ORLANDO, FL 32802			Mailing Address P.O. BOX 891 ORLANDO, FL 32802-0891																																																																																										
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		Country		02142008 Chg-NP CR2E037 (12/06)																																																																																									
4. FEI Number 59-2539192				Applied For <input type="checkbox"/> Not Applicable																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																									
6. Name and Address of Current Registered Agent BRISBIN, DONNA G 1423 SPRING RIDGE CIR WINTER GARDEN, FL 34787				7. Name and Address of New Registered Agent 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.																																																																																													
SIGNATURE _____ <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, 2008		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																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">P ELLIOTT, KATHLEEN <input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>4330 CLOVERLEAF PLACE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CASSELBERRY, FL 32707</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FULLER, WILLA</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1010 LIBBY CT</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DAYTONA BEACH, FL 32117</td> </tr> <tr> <td>TITLE</td> <td>S <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BUSSCHER, GAYLE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>5124 MYSTIC POINT CT</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32812</td> </tr> <tr> <td>TITLE</td> <td>T <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BRISBIN, DONNA</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1423 SPRING RIDGE BLVD</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER GARDEN, FL 34787</td> </tr> <tr> <td>TITLE</td> <td>D <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>REDMOND, PATRICIA</td> </tr> <tr> <td>STREET ADDRESS</td> <td>416 MICKLET LOOP</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32822</td> </tr> <tr> <td>TITLE</td> <td>D <input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MADIGAN, NANCY</td> </tr> <tr> <td>STREET ADDRESS</td> <td>736 MALONEY LANE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32825</td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>BOWMAN, PATRICIA</td> </tr> <tr> <td>STREET ADDRESS</td> <td>2643 FAUNLAKE TR</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL 32828</td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>BOSSCHER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SHEERON PAULA</td> </tr> <tr> <td>STREET ADDRESS</td> <td>2740 DEBBY DR</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELTONA FL 32738</td> </tr> </table> </div> </div>						TITLE	P ELLIOTT, KATHLEEN <input checked="" type="checkbox"/> Delete	NAME	4330 CLOVERLEAF PLACE	STREET ADDRESS	CASSELBERRY, FL 32707	CITY-ST-ZIP		TITLE	VP <input type="checkbox"/> Delete	NAME	FULLER, WILLA	STREET ADDRESS	1010 LIBBY CT	CITY-ST-ZIP	DAYTONA BEACH, FL 32117	TITLE	S <input type="checkbox"/> Delete	NAME	BUSSCHER, GAYLE	STREET ADDRESS	5124 MYSTIC POINT CT	CITY-ST-ZIP	ORLANDO, FL 32812	TITLE	T <input type="checkbox"/> Delete	NAME	BRISBIN, DONNA	STREET ADDRESS	1423 SPRING RIDGE BLVD	CITY-ST-ZIP	WINTER GARDEN, FL 34787	TITLE	D <input type="checkbox"/> Delete	NAME	REDMOND, PATRICIA	STREET ADDRESS	416 MICKLET LOOP	CITY-ST-ZIP	ORLANDO, FL 32822	TITLE	D <input checked="" type="checkbox"/> Delete	NAME	MADIGAN, NANCY	STREET ADDRESS	736 MALONEY LANE	CITY-ST-ZIP	ORLANDO, FL 32825	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	BOWMAN, PATRICIA	STREET ADDRESS	2643 FAUNLAKE TR	CITY-ST-ZIP	ORLANDO FL 32828	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	BOSSCHER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	SHEERON PAULA	STREET ADDRESS	2740 DEBBY DR	CITY-ST-ZIP	DELTONA FL 32738
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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: _____ 2/14/8 407-902-8339 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																													