

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33117

FILED  
Mar 29, 2011  
Secretary of State

**Entity Name:** FLORIDA CABIN FEVER QUILTERS GUILD, INC.

**Current Principal Place of Business:**

99 E. MARKS ST.  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 891  
ORLANDO, FL 328020891 US

**New Mailing Address:**

**FEI Number:** 59-2539192

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEDLEY, KATHLEEN A  
1330 GRAND CAYMAN DR  
MERRITT ISLAND, FL 32952 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NIX, MARGE  
Address: 3615 LOCHINVAR LN  
City-St-Zip: ORLANDO, FL 32803 US

Title: VP  
Name: ALBERTSON, CINDY  
Address: 2823 HERTHA AVE  
City-St-Zip: ORLANDO, FL 32826 US

Title: S  
Name: FOSTER, JENNA  
Address: 219 JEMOND CT  
City-St-Zip: ORLANDO, FL 32835 US

Title: T  
Name: MEDLEY, KATHLEEN A  
Address: 1330 GRAND CAYMAN DR  
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: D  
Name: ABRAMS, PAM  
Address: 319 COLUMBO CIR  
City-St-Zip: ORLANDO, FL 32804 US

Title: D  
Name: MULLINS, LISA  
Address: 5320 CRANE HILL CT  
City-St-Zip: ST. CLOUD, FL 34771 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN A MEDLEY

T

03/29/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date