


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N41180</b> 1. Entity Name <b>PEACE RIVER QUILTERS' GUILD, INC.</b>	
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Principal Place of Business <b>1625 W MARION AVE PUNTA GORDA, FL 33950</b>	Mailing Address <b>P. O. BOX 512265 PUNTA GORDA, FL 33951</b>
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01122008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0287521</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>MOORE, JAMES E. III 1625 W MARION AVE PUNTA GORDA, FL 33950</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES SLATON, SUSAN 302 SINGAPORE ROAD PUNTA GORDA, FL 33950</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PP MASTRY, SUSAN 6851 CYPRESS GROVE CIRCLE PUNTA GORDA, FL 33982</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP1 MILONE, CONNIE 538 WEST CASHEW COURT PUNTA GORDA, FL 33955</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC MERGES, BARBARA 3264 PARK DRIVE PUNTA GORDA, FL 33982</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRES BURSCHER, JOANN 3673 NW POULTRY STREET ARCADIA, FL 34266</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HALLMAN, THERESA 1361 JAEENA CT PUNTA GORDA, FL 33950</b>

**DO NOT WRITE  
IN THIS SPACE**

000000868758  
04/09/08-80023-009 61.25

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:** *Ann Dartscher* **3/20/08** **863 990 2413**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #