

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43663

FILED
Jun 30, 2005
Secretary of State

Entity Name: THE WEST PASCO QUILTERS' GUILD, INC.

Current Principal Place of Business:

P.O. BOX 574
PORT RICHEY, FL 34673 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 574
PORT RICHEY, FL 34673 US

New Mailing Address:

FEI Number: 59-3008035 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BORDERS, MARY
12337 LITEWOOD DRIVE
HUDSON, FL 34669 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: VP () Delete
Name: RHONDA, KOENING
Address: 9341 OSCEOLA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: TD () Delete
Name: WOLF, MAURA
Address: 13106 MINK RUN
City-St-Zip: HUDSON, FL 34669 US

Title: PD () Delete
Name: BORDERS, MARY
Address: 12337 LITEWOOD DRIVE
City-St-Zip: HUDSON, FL 34669 US

Title: SD () Delete
Name: GOODFRICH, CAROL
Address: 4637 FLORAMAR TERRACE
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: PORTER, ANNE
Address: 18438 WHITACRE CIRC
City-St-Zip: HUDSON, FL 34667 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ARMSTRONG, FLORA
Address: 11202 O STREET
City-St-Zip: PORT RICHEY, FL 34668 US

Title: PD () Change (X) Addition
Name: GRIFFITH, JOYCE
Address: 18546 FAIRWAY GREEN
City-St-Zip: HUDSON, FL 34667

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARY BORDERS

PD

06/30/2005

Electronic Signature of Signing Officer or Director

Date