

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90011 036 ****61.25

DOCUMENT # N43663

1. Entity Name

THE WEST PASCO QUILTERS' GUILD, INC.



Principal Place of Business

Mailing Address

P.O. BOX 574
PORT RICHEY FL 34673
US

P.O. BOX 574
PORT RICHEY FL 34673
US



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

1st MOORE

CR2E037 (10/07)

4. FEI Number
59-3008035

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STROM, DAVID
17237 BRIDLEPATH CT.
LUTZ FL 33558

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

David E. Strom DAVID E. STROM PRESIDENT

4/3/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME STROM, DAVID
STREET ADDRESS 17237 BRIDLEPATH CT
CITY-ST-ZIP LUTZ FL 33558

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME BLACK, PENELOPE
STREET ADDRESS 2108 HAMMOCK PARK COURT
CITY-ST-ZIP TRINITY FL 34655

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME SHIPMAN, SHERRY
STREET ADDRESS 8863 MISSISSIPPI RUN
CITY-ST-ZIP WEEKI WATCHEE FL 34613

TITLE ☐ Change ☒ Addition
NAME VICE PRESIDENT
STREET ADDRESS NANCY J. O'NEIL
CITY-ST-ZIP 14838 BROOKRIDGE BLVD
BROOKSVILLE FL

TITLE SD ☒ Delete
NAME ABENANTE, BEVERLY
STREET ADDRESS 378 HARTWOOD AVENUE
CITY-ST-ZIP SPRING HILL FL 34606

TITLE ☐ Change ☒ Addition
NAME SEC
STREET ADDRESS MARY ANN SWIGGER
CITY-ST-ZIP 9624 BRASSIE CT.
NEW PORT RICHEY FL 34655

TITLE T ☒ Delete
NAME CONNELL, ARLENE
STREET ADDRESS 6256 SPOONBILL DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE ☐ Change ☒ Addition
NAME TRES.
STREET ADDRESS KATHLEEN M. RISOLDI
CITY-ST-ZIP 11420 CLEAR OAK CIRCLE
NEW PORT RICHEY FL 34657

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Kathleen M. Risoldi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-08

227-856-5192

Date

Daytime Phone #