

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43663

FILED  
Apr 05, 2009  
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:

VETERANS MEMORIAL PARK 14333 HICKS ROAD  
HUDSON, FL 34667 US

## 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 (X)

## Name and Address of Current Registered Agent:

STROM, DAVID  
17237 BRIDLEPATH CT.  
LUTZ, FL 33558 US

## Name and Address of New Registered Agent:

BLACK, PENELOPE  
2108 HAMMOCK PARK COURT  
TRINITY, FL 33655 US

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: PENELOPE BLACK

04/05/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: STROM, DAVID  
Address: 17237 BRIDLEPATH CT  
City-St-Zip: LUTZ, FL 33558 US

Title: V ( ) Delete  
Name: BLACK, PENELOPE  
Address: 2108 HAMMOCK PARK COURT  
City-St-Zip: TRINITY, FL 34655 US

Title: VP ( ) Delete  
Name: O'NEIL, NANCY J  
Address: 14838 BROOKRIDGE BLVD  
City-St-Zip: BROOKSVILLE, FL US

Title: S ( ) Delete  
Name: SWOGGER, MARYANN  
Address: 9624 BRESSIE CT  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: T ( ) Delete  
Name: RISOLDI, KATHLEEN M  
Address: 11420 CLEAR OAK CIR  
City-St-Zip: NEW PORT RICHEY, FL 34654

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BLACK, PENELOPE  
Address: 2108 HAMMOCK PARK COURT  
City-St-Zip: TRINITY, FL 34655 US

Title: V (X) Change ( ) Addition  
Name: ADAMS-WALLACE, CAROLYN  
Address: 11709 DRIVER LANE  
City-St-Zip: SPRING HILL, FL 34610 US

Title: VP (X) Change ( ) Addition  
Name: BAKER, MARCIA L  
Address: 10354 SMOOTH WATER DRIVE #233  
City-St-Zip: HUDSON, FL 34667 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KATHLEEN M. RISOLDI

T

04/05/2009

Electronic Signature of Signing Officer or Director

Date