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Jun 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004929 (6)

1. Corporation Name

PALM PATCHERS QUILT CLUB, INC.



Principal Place of Business

Mailing Address

P.O. BOX 07345
FT. MYERS FL 33919

P.O. BOX 07345
FT. MYERS FL 33919-0331

3. Date Incorporated or Qualified
10/25/1993

3a. Date of Last Report
02/29/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRUBER, PEGGY
5632 WILD FIG LN., SW
FT MYERS FL 33919

81 Name

INGE VOGLER

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

5232 DEL PRADO BLVD.

83

84 City

CAPE CORAL

FL

85 Zip Code

33904

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Margaret J. Gruber
Signature typed, printed name of registered agent and title if applicable.

Inge M. Vogler
(NOTE: Registered Agent signature required when installing)

FEBRUARY 27, 1997

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME MCCALL, JUDI
STREET ADDRESS 1373 STADLER ST
CITY-ST-ZIP FT. MYERS FL 33901

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME VOGLER, INGE
1.3 STREET ADDRESS 5332 DEL PRADO BLVD.
1.4 CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE D ☒ DELETE
NAME ZAKARIAN, ISABELLE
STREET ADDRESS 6570 HIGHLAND PINES CIRCLE
CITY-ST-ZIP FT. MYERS FL 33912

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME KONGSVIK, DONNA
2.3 STREET ADDRESS 4408 S.E. 12TH AVE.
2.4 CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D ☒ DELETE
NAME KOPNGSVIK, DONNA
STREET ADDRESS 4408 S E 12TH AVE
CITY-ST-ZIP CAPE CORAL FL 33914

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME PETERS, WYLMA
3.3 STREET ADDRESS P.O. BOX 3767 (N/A)
3.4 CITY-ST-ZIP N. FT. MYERS FL 33918-3767

TITLE D ☐ DELETE
NAME GRUBER, PEGGY
STREET ADDRESS 5632 WILD FIG LANE, SW
CITY-ST-ZIP FT. MYERS FL 33919

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME SMITH, LEONA
4.3 STREET ADDRESS 3680 WOODSTOCK CT, S.W.
4.4 CITY-ST-ZIP FT. MYERS FL 33908-4122

TITLE D ☒ DELETE
NAME DOWNS, MARGE
STREET ADDRESS 1325 CALOOSA VISTA DR.
CITY-ST-ZIP FT. MYERS FL 33901

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME GRUBER, PEGGY
5.3 STREET ADDRESS 5832 Wild Fig Lane S.W.
5.4 CITY-ST-ZIP Fort Myers, FL 33918

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE

2/27/97

(941) 433-5134

CR2E037 (9/96)