


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000004929 (6) 1. Corporation Name PALM PATCHERS QUILT CLUB, INC.					
Principal Place of Business P.O. BOX 07345 FT. MYERS FL 33919		Mailing Address P.O. BOX 07345 FT. MYERS FL 33919			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/25/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Zip	7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	Country	30	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent VOGLER, INGE 5232 DEL PRADO BLVD. CAPE CORAL FL 33904			10. Name and Address of New Registered Agent		
			81	Name	Inge Vogler
			82	Street Address (P.O. Box Number is Not Acceptable)	1827 Palazzo Grande Pkwy
			83		
			84	City	Cape Coral
			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VOGLER, INGE		1.2 NAME		
STREET ADDRESS	5332 DEL PRADO BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33904		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DONGSVIK, DONNA		2.2 NAME		
STREET ADDRESS	4408 S.E. 12TH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33904		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERS, WYLMA		3.2 NAME		
STREET ADDRESS	P.O. BOX 3767 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL 33918-4122		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, LEONA		4.2 NAME		
STREET ADDRESS	3680 WOODSTOCK CT, S.W.		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33908-4122		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRUBER, PEGGY		5.2 NAME		
STREET ADDRESS	5832 WIL FIG LANE S.W.		5.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33918		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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: _____

1/8/98

94-481-121

CR2E037 (10/97)