2002 UNIFORM BUSI ESS **EPORT (U FILED** DOCUMENT # N93000004929 Feb 03, 2002 8:00 am 1. Entity Name Secretary of State --PALM PATCHERS-QUILT CLUB, INC.--02-03-2002 90028 021 ****61.25 Principal Place of Business Mailing Address P.O. BOX 07345 P.O. BOX 07345 FT. MYERS FL 33919 FT. MYERS FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TIPES DRISCOLL 10100 CYPBESS COVEDA FT. MYERS FL 33908 Street Address (P.O. Box Number is Not Acceptable) SMITH, LEONA 3680 WOODSTORK CT SW FORT MYERS FL 33908 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE PRESIDENT Change ☐ Addition NAME SMITH, LEONA BEENDRESS COVE DR. #220 NAME STREET ADDRESS 3680 WOODSTORK COURT S.W. STREET ADDRESS CITY-ST-ZIP FL 33908 FT. MYERS FL: 33908-4122 CITY-ST-ZIP VD. TITLE ☐ Delete TITLE ☐ Addition THUNE WARD 525 ARGYLE NAME DEYOUNG, CONNIE NAME STREET ADDRESS STREET ADDRESS 5803 LITTLESTONE CT. PT MYERS CITY-ST-ZIP CITY-ST-ZIP FL 33919 N. FT MYERS FL 33903 CAROLYN SMTH STERETIMEY Addition 5988 BAKER CT. TITI F ☐ Delete TITLE NAME HORVATH, ANNE NAME STREET ADDRESS 13252 WHITE MARSH LANE, UNIT 5 STREET ADDRESS FT. MYERS FL 33919 CITY-ST-ZIP FT. MYERS FL 33912 CITY-ST-ZIP SD Change TITLE ☐ Delete TITLE ☐ Addition TREASORDA KONGSVICK, DONNA NAME LILIAN FORSTER 19 MEDINAH DR # 23 FT. MYERS FL 33919 NAME STREET ADDRESS 4408 SE 12TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 DIRECTOR TITLE ☐ Delete TITLE Change ☐ Addition 3680 WOODSTORACT. NAME VOGLER, INGE NAME STREET ADDRESS 1827 PALLACO GRANDE PARKWAY STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

12. 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 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 a paddress with the paddress with the corporation of the

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