

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90054 006 ****61.25

DOCUMENT # N93000004929

1. Entity 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

44022333



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARD, ANNE
1525 ARGYLE DR.
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

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

Anne E. Ward

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, 2004

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

TITLE **P** ☐ Delete
NAME **WARD, ANNE**
STREET ADDRESS **1525 ARGYLE DR.**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **VD** ☐ Delete
NAME **BOESCH, JOAN**
STREET ADDRESS **10709 VINTAGE TRAIL CR.**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **STD** ☒ Delete
NAME **SMITH, CAROLYN**
STREET ADDRESS **5988 BAKER CT**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **SD** ☒ Delete
NAME **LILLIAN, FORSTER**
STREET ADDRESS **1219 MEDINA DRIVE APT 239**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **D** ☐ Delete
NAME **DRISCOLL, FIDES**
STREET ADDRESS **10100 CYPRESS COVE DR.**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME **Alice Mohr**
STREET ADDRESS **12829 Waterford Ct # 34**
CITY-ST-ZIP **Ft Myers, FL 33919**

TITLE ☒ Change ☐ Addition
NAME **Madeleine Johnson**
STREET ADDRESS **Lot R # 24 16900 S. Tamiami Trail**
CITY-ST-ZIP **Ft. Myers, FL 33908**

TITLE ☐ Change ☐ Addition
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 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 an address, with all other like empowered.

SIGNATURE: Anne E. Ward ANNE E. WARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-04 239-489-0512

Date

Daytime Phone #