

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004929

FILED
Apr 14, 2005
Secretary of State

Entity Name: PALM PATCHERS QUILT CLUB, INC.

Current Principal Place of Business:

P.O. BOX 07345
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 07345
FT. MYERS, FL 33919

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, ANNE
1525 ARGYLE DR.
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WARD, ANNE
Address: 1525 ARGYLE DR.
City-St-Zip: FORT MYERS, FL 33919

Title: VD () Delete
Name: BOESCH, JOAN
Address: 10709 VINTAGE TRAIL CR.
City-St-Zip: FORT MYERS, FL 33912

Title: STD () Delete
Name: MOHA, ALICE
Address: 12829 WATERFORD CIR #344
City-St-Zip: FORT MYERS, FL 33919

Title: SD () Delete
Name: JOHNSEN, MADELEINE
Address: LOT C 2416900 S. TAMiami TRAIL
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: DRISCOLL, FIDES
Address: 10100 CYPRESS COVE DR.
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 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: ANNE WARD

PRES

04/14/2005

Electronic Signature of Signing Officer or Director

Date