

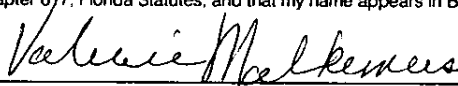


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90069 012 \*\*\*\*61.25

<b>DOCUMENT # N94000002418</b> 1. Entity Name <b>TREE CITY QUILTERS GUILD, INC.</b>					
Principal Place of Business <b>PO BOX 358425</b> <b>GAINESVILLE, FL 32635-8425</b>			Mailing Address <b>PO BOX 358425</b> <b>GAINESVILLE, FL 32635-8425</b>		
2. Principal Place of Business - No P.O. Box # <b>5010 NE WALDO RD #3</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>GAINESVILLE FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>59-3217109</b>	
Zip <b>32609</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PUCKETT, DEBRA</b> <b>3600 NW 43RD STREET</b> <b>SUITE G</b> <b>GAINESVILLE, FL 32605</b>				7. Name and Address of New Registered Agent Name <b>ELLEN MALLETTE</b> Street Address (P.O. Box Number is Not Acceptable) <b>5010 NE WALDO RD #3</b> City <b>GAINESVILLE</b> <b>FL</b> Zip Code <b>32609</b>	
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 <b>ELLEN MALLETTE</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>3/27/07</b>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>MALKEMUS, VALERIE</b> <b>2715 NW 25TH PLACE</b> <b>GAINESVILLE, FL 32601</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>BAGNALL, JUANITA</b> <b>2806 NE 17TH DRIVE</b> <b>GAINESVILLE, FL 32609</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>MORROW, MARY LOU</b> <b>1717 NW 23 AVE 5-D</b> <b>GAINESVILLE, FL 32605</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>MALLETTE, ELLEN</b> <b>5010 NE WALDO ROAD #3</b> <b>GAINESVILLE, FL 32609</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: VALERIE MALKEMUS</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
 <small>Date</small> <b>3/27/07</b> <small>Daytime Phone #</small>					