

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002418

FILED  
Mar 30, 2010  
Secretary of State

**Entity Name:** TREE CITY QUILTERS GUILD, INC.

**Current Principal Place of Business:**

905 NW 10TH AVENUE  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

5010 NE WALDO RD  
#3  
GAINESVILLE, FL 32609

**Current Mailing Address:**

PO BOX 358425  
GAINESVILLE, FL 326358425

**New Mailing Address:**

**FEI Number:** 59-3217109

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VICKERY, DOROTHY S  
905 NW 10TH AVENUE  
GAINESVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

MALLETTE, ELLEN D  
5010 NE WALDO RD  
#3  
GAINESVILLE, FL 32609 US

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: ELLEN MALLETTE

03/30/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCMATH, SHIRLEY  
Address: 4032 SW 69 AVE  
City-St-Zip: GAINESVILLE, FL 32608

Title: TR  
Name: MALLETTE, ELLEN D  
Address: 5010 NE WALDO RD #3  
City-St-Zip: GAINESVILLE, FL 32609

Title: S  
Name: CLARK, SUZIE ANN  
Address: PO BOX 2999  
City-St-Zip: HIGH SPRINGS, FL 32655

Title: VP  
Name: VIVIANO, KARON  
Address: 531 SW MAPLETON ST  
City-St-Zip: FT WHITE, FL 32038

I hereby 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 all other like empowered.

SIGNATURE: ELLEN MALLETTE

TR

03/30/2010

Electronic Signature of Signing Officer or Director

Date