

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004646 (4)

1. Corporation Name

CHARLOTTE QUILTERS GUILD, INC.



Principal Place of Business Mailing Address
BATSEL.MCKINLEY.ITTERSAGEN & GUNDERSON, PA 1861 PLACIDA ROAD, SUITE 204 ENGLEWOOD FL 34223
BATSEL.MCKINLEY.ITTERSAGEN & GUNDERSON, PA 1861 PLACIDA ROAD, SUITE 204 ENGLEWOOD FL 34223

3. Date Incorporated or Qualified 09/29/1995
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country
4. FEI Number Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

BATSEL, C. GUY
1861 PLACIDA ROAD
SUITE 204
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

Printed Registered Agent signature required when not filing

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MACCALLUM, AUDREY
STREET ADDRESS 26381 BRIDGEWATER ROAD
CITY-ST-ZIP PORT CHARLOTTE FL 33983
TITLE D
NAME LATHROP, EUNICE
STREET ADDRESS 1018 BROOM COURT
CITY-ST-ZIP PORT CHARLOTTE FL 33952
TITLE D
NAME HAL, LOUISE
STREET ADDRESS 5084 KINGSLEY ROAD
CITY-ST-ZIP NORTH PORT FL 34287
TITLE D
NAME DAYKIN, CAROL
STREET ADDRESS 2100 KINGS HIGHWAY, #382
CITY-ST-ZIP PORT CHARLOTTE FL 33980
TITLE D
NAME BROWN, MARY E
STREET ADDRESS 4630 ARLINGTON DRIVE
CITY-ST-ZIP CAPE HAZE FL 33946
TITLE D
NAME MACKENZIE, DORIS
STREET ADDRESS 20431 LADNER AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL 33954

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D
12 NAME Baird Rebekah
13 STREET ADDRESS 1365 Alton Rd.
14 CITY-ST-ZIP PORT Charlotte, FL 33952
21 TITLE
22 NAME Twyla LeGrue
23 STREET ADDRESS 17145 Nixon Ave.
24 CITY-ST-ZIP Port Charlotte, FL 33948
31 TITLE D
32 NAME LeGrue, Twyla
33 STREET ADDRESS 17145 Nixon Ave.
34 CITY-ST-ZIP Port Charlotte, FL 33948
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SG 3-30-96

CR2E037 (12/95)