

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90177 002 ****61.25

DOCUMENT # N95000004646

1. Entity Name
CHARLOTTE QUILTERS GUILD, INC.



Principal Place of Business
**1ST PREBYTERIAN CHURCH
2230 HARIET ST. NE
PORT CHARLOTTE FL 34952**

Mailing Address
**CHARLOTTE QUILTERS GUILD
P.O. BOX 380711
MURDOCK FL 33938**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **BLACKMORE, SHIRLEY**
STREET ADDRESS **21161 WINSIDE AVE.**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **Treas.** ☒ Change ☐ Addition
NAME **Pat Isenrock**
STREET ADDRESS **2473 Ednor St.**
CITY-ST-ZIP **Port Charlotte, FL 33952**

TITLE **D** ☐ Delete
NAME **LEGRAE, TWYLE** *Secretary*
STREET ADDRESS **1745 NIXON AVENUE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

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

TITLE **D** ☐ Delete
NAME **STROTH, BETTY LOU** *President*
STREET ADDRESS **1000 KINGS HWY # 17**
CITY-ST-ZIP **PORT CHARLOTTE FL 33983**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Shirley Blackmore

4-14-03

941-625-7317

CR2E037 (10/02)