


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90202 048 \*\*\*\*61.25

<b>DOCUMENT # N95000005645</b> 1. Entity Name HERNANDO QUILTERS GUILD, INC.			
Principal Place of Business 15549 CORTEZ BLVD BROOKSVILLE, FL 34613 US		Mailing Address P.O. BOX 5746 SPRING HILL, FL 34611 US	
2. Principal Place of Business - No P.O. Box # 16275 Sam C Rd. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 6672 Suite, Apt. #, etc.	
City & State Brooksville, FL Zip 34613		City & State Spring Hill, FL Zip 34611	
Country Hernando		Country Hernando	
4. FEI Number 59-3348711		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  WILSON, BARBARA TREASUR 15549 CORTEZ BLVD BROOKSVILLE, FL 34613		7. Name and Address of New Registered Agent Name Irene Barese Street Address (P.O. Box Number is Not Acceptable) 14348 Sandburst City Brooksville FL Zip Code 34613	
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 <u>Irene R. Barese</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>2-28-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</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 Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WESSLING, TERRI 16275 SAM C ROAD BROOKSVILLE, FL 34613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELLIFFE, JOYCE 1263 MELVILLE AVE. SPRING HILL, FL 34608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, CAROLE 10275 BELLTOWER STREET SPRING HILL, FL 34608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, BARBARA 15549 CORTEZ BLVD BROOKSVILLE, FL 34613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RITTER, JUANITA 16342 CONNEMARA LANE SPRING HILL, FL 34610	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd Vice Prez Dianne Cass 399 Swallow Lane Spring Hill, 34606 (Florida)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Irene Barese 14348 Sandburst Brooksville FL 34613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bonnie Stareski 8390 Kenway St. Spring Hill, FL 34608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <u>Terri Wessling</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>2-28-08</u> 352-799-2251 <small>Date Daytime Phone #</small>	