

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005645

FILED
Feb 18, 2009
Secretary of State

Entity Name: HERNANDO QUILTERS GUILD, INC.

Current Principal Place of Business:

16275 SAM C RD
BROOKSVILLE, FL 34613 US

New Principal Place of Business:

8181 WEATHERFORD AVE
BROOKSVILLE, FL 34613 US

Current Mailing Address:

POB 6672
SPRING HILL, FL 34611 US

New Mailing Address:

FEI Number: 59-3348711 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARESE, IRENE
143 48 SAND BURST
BROOKSVILLE, FL 34613 US

Name and Address of New Registered Agent:

BARESE, IRENE
14348 SANDHURST
BROOKSVILLE, FL 34613 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:

02/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WESSLING, TERRI
Address: 16275 SAM C ROAD
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: V () Delete
Name: ELLIFFE, JOYCE
Address: 1263 MELVILLE AVE.
City-St-Zip: SPRING HILL, FL 34608 US

Title: 2VP () Delete
Name: CASS, DIANNE
Address: 399 SWALLOW LN
City-St-Zip: SPRING HILL, FL 34606 US

Title: T () Delete
Name: BARESE, IRENE
Address: 14348 SAND BURST
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: SD () Delete
Name: STAVESKI, BONNIE
Address: 8390 KENWAY ST
City-St-Zip: SPRING HILL, FL 34608 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: THERIAULT, BARBARA A
Address: 8181 WEATHERFORD AVE
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: V (X) Change () Addition
Name: MIHALUS, SANDRA
Address: 2425 OLAR CT
City-St-Zip: SPRING HILL, FL 34608 US

Title: 2VP (X) Change () Addition
Name: FRIES, ELEANOR
Address: 1196 MACFARLANE AVE
City-St-Zip: SPRING HILL, FL 34608 US

Title: T (X) Change () Addition
Name: BARESE, IRENE
Address: 14348 SANDHURST ST
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: IRENE BARESE

T

02/18/2009

Electronic Signature of Signing Officer or Director

Date