

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90079 007 ****61.25

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1. Entity Name

SOUTHWEST FLORIDA QUILTERS GUILD, INC.



Principal Place of Business

3410 PALM BEACH BLVD
FORT MYERS FL 33916
US

Mailing Address

P O BOX 2264
FT. MYERS FL 33902
US



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

31-1466906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, CHERYL
115 SW 57TH TERRACE
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name Sheilana Massey
Street Address (P.O. Box Number is Not Acceptable)
7528 Grande Pine Road

City Bokeelia FL Zip Code 33922

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
Due By May 1, 2006

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, CHERI	
STREET ADDRESS	115 SW 57TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BUTTERWECK, DONNA	
STREET ADDRESS	2035 SE 21ST STREET	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	2VP	<input checked="" type="checkbox"/> Delete
NAME	JACKETT, DIANA	
STREET ADDRESS	13621 EAGLE RIDGE DR, # 1533	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	MALT	<input checked="" type="checkbox"/> Delete
NAME	ALBERT, MARTHA	
STREET ADDRESS	16617 LANTANA DR	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	TT	<input type="checkbox"/> Delete
NAME	KLINE, DIANNE	
STREET ADDRESS	20752 WHEELLOCK DR	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GARALD, LOIS	
STREET ADDRESS	4900 5TH ST WEST	
CITY-ST-ZIP	LEHIGH ACRES FL 33971	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEILANA MASSEY	
STREET ADDRESS	7528 GRANDE PINE ROAD	
CITY-ST-ZIP	BOKEELIA, FL 33922	
TITLE	1ST VICE PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTE M. Lithgow	
STREET ADDRESS	8613 Flores Ct	
CITY-ST-ZIP	Fort Myers FL 33907	
TITLE	2ND VICE-PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Butterweck, Donna	
STREET ADDRESS	2035 SE 21st Street	
CITY-ST-ZIP	Cape Coral, FL 33990	
TITLE	Member at Large	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Genny Ewing	
STREET ADDRESS	4775 Daleon Street Apt A101	
CITY-ST-ZIP	Fort Myers, FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Dianne Kline

April 7, 06 239-731-8826