2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State
05-10-2007 90029 004 ****61.25

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1. Entity Name
SOUTHWEST FLORIDA QUILTERS GUILD, INC.

Principal Place of Business	Mailing Address
3410 PALM BEACH BLVD FORT MYERS, FL 33916 US	P O BOX 2264 FT. MYERS, FL 33902 US

03122007 No Chg-NP CR2E037 (4/06)

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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

MASSEY, SHEILANA
7528 GRANDE PINE RD
BOKEELIA, FL 33922

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MASSEY, SHEILANA
STREET ADDRESS	7528 GRANDE PINE RE
CITY-ST-ZIP	BOKEELIA, FL 33922
TITLE	1VP
NAME	LITHGOW, BETTE M Grande, Joyce
STREET ADDRESS	8613 FLORES CT 2510 SW 37th ST.
CITY-ST-ZIP	FORT MYERS, FL 33907 Cape Coral FL 33914 ~~Juno Beach FL~~
TITLE	2VP
NAME	BUTTERWEEK, DONNA Betty Gould
STREET ADDRESS	2035 SE 21ST ST 3104 36th St SW
CITY-ST-ZIP	CAPE CORAL, FL 33990 Lehigh Acres, FL 33971
TITLE	MAL
NAME	EWING, GENNY Mechelle Walker
STREET ADDRESS	4775 DALEON ST APT A101 1128 NW 43rd Ave
CITY-ST-ZIP	FORT MYERS, FL 33907 Cape Coral FL 33993
TITLE	TT
NAME	~~KLINE, DIANNE~~ MCKENNEY, KATHRYN
STREET ADDRESS	~~20752 WHEELOCK DR~~ 17870 CALOOSA RD
CITY-ST-ZIP	~~NORTH FORT MYERS, FL 33917~~ ALVA, FL 33920
TITLE	ST
NAME	~~GARALD, LOIS~~ Ludwig, SANDRA
STREET ADDRESS	~~4000 5TH ST WEST~~ 131 Liverne Ave.
CITY-ST-ZIP	~~LEHIGH ACRES, FL 33971~~ No Ft Myers FL 33903

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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: Sheilana Massey 4-12-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #