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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

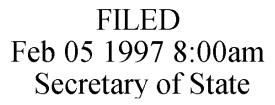
Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

1. Corporation Name

N96000004138 (1)



	CORAL QUILTER'S GUILD								
Principal Plac		Mailing Address	NIB T				••••		
1453 WELLING CAPE CORAL (1453 WELLINGTON CO CAPE CORAL FL 3390				•			
						3. Date Incorporated or Qualified 08/05/1996	3a. D	ate of Last R	eport
2. Principal P	lace of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·		4. FEI Number		Ar	plied For
21		26				45-053-1408	<u> </u>	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Ì	5. Certificate of Status Desired		\$8.75 / Fee Re	Additional aduired
City & Stat	е	City & State	<u></u>			6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Coun	try		8. This corporation has liability for			. 199.032,
24	25	29	30					No	
	9. Name and Address of Curr	ent Registered Agent		31 Nan		10. Name and Address of New R	pereraige	Agent	
			['	B1 Nan	iie				
DAVENPORT, LORRAINE			Ţī	32 Stre	et Address	dress (P.O. Box Number is Not Acceptable)			
1453 WELLINGTON COURT CAPE CORAL FL 33904			ļ,	B3					
OALC	Q124 1 E 00007		ļ.,	84 City	,			85 Zip	Code
	to the provisions of Sections 617.0 register diagent, or both, in the Sta in landist with, and recept the obl					<u> </u>	FL	_ 1 1	
SIGNATURE 12.	Signature, typed or printed name of registered a OFFICERS A	agent and title if applicable. AND DIRECTORS	(NOTE: Registered	Agent signs	sture required y	when reinstating) ADDITIONS/CHANGES TO OFF	DATE CERS AN	D DIRECTOR	RS IN 12
TITLE	D	DELETE	1,1 17(1)	E				Change	7
NAME	DAVENPORT, LORRAINE							L'' Cuaulte	☐ Addition
STREET ADDRESS	1453 WELLINGTON COURT		1.2 NA	NE				F"1 cuaulia	Addition
CITY - ST - ZIP		•		ME EET ADDRES	ss			L. CHANGE	Addition
GITT- 31-ZIF	CAPE CORAL FL 33904		1.3 STR 1.4 C/T		ss				
TITLE	0	☐ DELETE	1.3 STR 1.4 C/T	EET ADDRES Y-ST-ZIP	ss	·	·····	Change	
TITLE NAME	D Gerhart, Felicia	☐ DELETE	1.3 STR 1.4 CIT 2.1 TITU 2.2 NAJ	EET ADDRES Y-ST-ZIP E VIE			, ,,,,,,,		
TITLE NAME STREET ADDRESS	D Gerhart, Felicia 1201 SW Eldorado Pari	☐ DELETE	1.3 STR 1.4 C/IT 2.1 T/IT/ 2.2 NA/ 2.3 STR	EET ADDRES Y-ST-ZIP E WE WE			, dea		
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	D Gerhart, Felicia 1201 SW Eldorado Pari Cape Coral Fl 33914	☐ DELETE KWAY	1.3 STR 1.4 CIT 2.1 TITU 2.2 NA/ 2.3 STR 2.4 CIT	EET ADDRES Y-ST-ZIP E ME ME MEET ADDRES IY-ST-ZIP			e etc.	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D GERHART, FELICIA 1201 SW ELDORADO PARI CAPE CORAL FL 33914 D RIGGINS, CONNIE	☐ DELETE KWAY	1.3 STR 1.4 CIT 2.1 TITU 2.2 NAJ 2.3 STR 2.4 CIT 3.1 TITU 3.2 NAJ	EET ADDRES Y-ST-ZIP LE WIE EET ADDRES IY-ST-ZIP LE WIE	SS		يە بولى - -	☐ Change	☐ Addition
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4. I do 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 annual report or supplemental annual 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 12 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: SQUARE PARESPORTED

941-540-252-