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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004138 (1)**

1. Corporation Name

CAPE CORAL QUILTER'S GUILD, INC.

Principal Place of Business

Mailing Address

**1453 WELLINGTON COURT
CAPE CORAL FL 33904**

**1453 WELLINGTON COURT
CAPE CORAL FL 33904**

2. Principal Place of Business

2a. Mailing Address

21 10708 FIRESTONE CT.

28 10708 FIRESTONE COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 N. FT. MYERS

28 N. FT. MYERS

Zip

Country

Zip

Country

24 33903

25 USA

29 33903

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/05/1996

4. FEI Number

65-0531408

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

**DAVENPORT, LORRAINE
1453 WELLINGTON COURT
CAPE CORAL FL 33904**

81 Name

STERNBERG, CLAUDIE

82 Street Address (P.O. Box Number Is Not Acceptable)

10708 FIRESTONE COURT

83

1

84

N. FT. MYERS

FL

85

Zip Code 33903

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

CLAUDIE STERNBERG

Claudie J. Sternberg

2/16/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVENPORT, LORRAINE	
STREET ADDRESS	1453 WELLINGTON COURT	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GERHART, FELICIA	
STREET ADDRESS	1201 SW ELDORADO PARKWAY	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RIGGINS, CONNIE	
STREET ADDRESS	1120 LUCERNE AVENUE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LITHGOW, BETTE	
STREET ADDRESS	412 SW 38TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STERNBERG, CLAUDIE	
1.3 STREET ADDRESS	10708 FIRESTONE COURT	
1.4 CITY-ST-ZIP	N. FT. MYERS, FL 33903	
2.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JACOBS, MARY ANN	
2.3 STREET ADDRESS	2130 S.W. 39th TERRACE	
2.4 CITY-ST-ZIP	CAPE CORAL, FL 33914	
3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NEIGHBORS, ELAINE	
3.3 STREET ADDRESS	1639 BEACH PKY UNIT 203	
3.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	
4.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STAUZE, CECILIA	
4.3 STREET ADDRESS	8336 S.W. 9th PLACE	
4.4 CITY-ST-ZIP	CAPE CORAL, FL 33914	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 13 if changed, or on an attachment with an address.

SIGNATURE:

Claudie J. Sternberg

PRESIDENT/DIRECTOR

941/731-2730

CR2E037 (10/97)