

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

DOCUMENT # N96000004138

1. Entity Name

CAPE CORAL QUILTER'S GUILD, INC.



**FILED
Mar 23, 2006 8:00 am
Secretary of State**

03-23-2006 90025 025 ****61.25



1st MOORE CR2E037 (10/05)

Principal Place of Business 2010 NE 2ND TERRACE CAPE CORAL FL 33909 US	Mailing Address 2010 NE 2ND TERRACE CAPE CORAL FL 33909 US
2. Principal Place of Business 917 S.E. 35 Terrace Suite, Apt. #, etc.	3. Mailing Address 917 S.E. 35 Terrace Suite, Apt. #, etc.
City & State Cape Coral, FL 33904 Zip 33904	City & State Cape Coral, FL 33904 Zip 33904
6. Name and Address of Current Registered Agent BARTKOWSKI, PATRICIA 2010 NE 2ND TERRACE CAPE CORAL FL 33909	

4. FEI Number 65-0531408	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name Treva Funk Street Address (P.O. Box Number is Not Acceptable) 917 S.E. 35 Terrace City Cape Coral Zip Code FL 33904	
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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 <u>Treva Funk</u>	DATE <u>3-13-06</u>
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)	

FILE NOW - FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FAST, SUZANNE 6401 ADELPHI CIRCLE FORT MYERS FL 33919	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Felicia Gearhart 1201 Eldorado Pkwy W. Cape Coral, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FUNK, T D 917 SE 35TH TERRACE CAPE CORAL FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REBENSAL, JANE 912 SE 50TH LANE CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Linn Nye 1232 Shelly Hwy Cape Coral, FL 33990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCCARTHY, MARY ANN 5207 STATFORD CT CAPE CORAL FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Treva Funk

3-13-06 239-945-4468