2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2009
Secretary of State

DOCUMENT# N96000004138

Entity Name: CAPE CORAL QUILTER'S GUILD, INC.

Current Principal Place of Business:

CHRIST LUTHERAN CHURCH
2911 DEL PRADO BLVD
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

CHRIST LUTHERAN CHURCH
2911 DEL PRADO BLVD
CAPE CORAL, FL 33904 US

New Mailing Address:

FEI Number: 65-0531408 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FUNK, TREVA
917 SE 35 TERRACE
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FUNK, TREVA
Address: 917 SE 35TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: TD ( ) Delete
Name: KRATKY, MARIE
Address: 1613 SE 41ST STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: S ( ) Delete
Name: CERNY, KVETUSE
Address: 1106 SE 19TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

Title: V ( ) Delete
Name: KULAKOWSKY, MARCIA
Address: 1908 SE 15TH STREET
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TREVA FUNK P 02/21/2009

Electronic Signature of Signing Officer or Director — Date