

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2007 8:00 am
Secretary of State

04-11-2007 90036 033 ****61.25

DOCUMENT # N99000002729					
1. Entity Name PARADISE QUILTERS GUILD INC.					
Principal Place of Business P O BOX 430115 BIG PINE KEY, FL 33043			Mailing Address P O BOX 430115 BIG PINE KEY, FL 33043		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1004342	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIRHAN, RITA 29207 CYPRESS DRIVE BIG PINE KEY, FL 33043			7. Name and Address of New Registered Agent Name JOANNE JARZOMBKE Street Address (P.O. Box Number is Not Acceptable) 31364 AVE G City Big Pine Key FL Zip Code 33999		
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 JOANNE JARZOMBKE 4-9-07 JOANNE JARZOMBKE 4-9-07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing.)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POWELL, SALLY 701 SPANISH MAIN #428 CUDDOUE KEY, FL 33042	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUIRK, MARY 22872 JOHN SILVIA LN SUMMERLAND KEY, FL 33042	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JARZOMBKE, JOANNE 31364 AVE G BIG PINE KEY, FL 33043	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: Mary Quirk SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5-16-07 305744-0139 Date Daytime Phone #		