

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007282

**Entity Name:** FLYING NEEDLES QUILT GUILD INC.**Current Principal Place of Business:**801 JOHN SIMS PARKWAY  
NICEVILLE, FL 32578**Current Mailing Address:**POST OFFICE BOX 1652  
NICEVILLE, FL 32588**FEI Number:** 59-3675386**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LEWIS, JEAN H  
1671 19TH STREET  
NICEVILLE, FL 32578 US*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:** KIMBERLY COLPITTS

01/16/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CO-VPRE  
Name GRIMSLEY, GRACE  
Address 1512 18TH ST.  
City-State-Zip: NICEVILLE FL 32578

Title T  
Name LEWIS, JEAN H  
Address 1671 19TH STREET  
City-State-Zip: NICEVILLE FL 32578

Title 1VP  
Name MCDONOUGH, DAWN  
Address 4641 WINDSTARR DR.  
City-State-Zip: DESTIN FL 32541

Title 2VP  
Name DONNELLY, JEANIE  
Address 809 WHITROCK LANE  
City-State-Zip: FT.WALTON BEACH FL 32547

Title S  
Name CANNON, MARILYN  
Address 12 7TH STREET  
City-State-Zip: SHALIMAR FL 32579

Title P  
Name JAMES, LALANI  
Address 144 CHICAGO AVE.  
City-State-Zip: VALPARAISO FL 32580

*I hereby 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 all other like empowered.*

**SIGNATURE:** JEAN H. LEWIS**TREASURER**

01/16/2014

Electronic Signature of Signing Officer/Director Detail

Date