

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003748

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: THE ALL-STAR QUILTERS GUILD, INC.

**Current Principal Place of Business:**

11924 SAN JOSE BLVD  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 23772  
JACKSONVILLE, FL 322413772

**New Mailing Address:**

FEI Number: 65-1250116      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ECHT, ELFRIEDE  
5347 SWAYING OAKS CT.  
JACKSONVILLE, FL 32258      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: PD ( ) Delete  
Name: MOSELEY, HARRIET  
Address: 8310 LAWFIN ST S.  
City-St-Zip: JACKSONVILLE, FL 32211

Title: SD ( ) Delete  
Name: HELM, BONNIE  
Address: 2841 GRANDE OAKS WAY  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: TD ( ) Delete  
Name: RITTSCHER, JUNE D  
Address: 4609 GOLDEN SPIKE CT  
City-St-Zip: JACKSONVILLE, FL 32257

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MALESKY, ELIZABETH L  
Address: 13961 MANDARIN ROAD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD (X) Change ( ) Addition  
Name: RIALS, MELINDA  
Address: 7706 CAYMAN ROAD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: TD (X) Change ( ) Addition  
Name: ECHT, ELFRIEDE  
Address: 5347 SWAYING OAKS CT  
City-St-Zip: JACKSONVILLE, FL 32258

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: ELFRIEDE ECHT

TD

01/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date