

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009843

FILED  
Apr 26, 2009  
Secretary of State

**Entity Name:** TWENTY-SEVENTH DISTRICT OF QUOTA INTERNATIONAL, INC.

**Current Principal Place of Business:**

C/O RICHARD A. FETCHIK  
7589 DOWNWINDS LANE  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RICHARD A. FETCHIK  
7589 DOWNWINDS LANE  
LAKE WORTH, FL 33467

**New Mailing Address:**

**FEI Number:** 59-6198628

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FETCHIK, RICHARD  
7589 DOWNWINDS LANE  
LAKE WORTH, FL 33467 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: D ( ) Delete  
Name: MORRIS, SHEILA  
Address: 2200 NW 4TH AVE  
City-St-Zip: WILTON MANORS, FL 33311

Title: D ( ) Delete  
Name: HURD, CINDY  
Address: 11877 CLASSIC DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: STD ( ) Delete  
Name: FETCHIK, RICHARD  
Address: 7589 DOWNWINDS LANE  
City-St-Zip: LAKE WORTH, FL 33467

**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:

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: RICHARD A. FETCHIK

STD

04/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date