2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16348

Apr 25, 2009 Secretary of State

Entity Name: CORAL SPRINGS QUILTERS, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 8190 1300 CORAL SPRINGS DRIVE CORAL SPRINGS, FL 33075 CORAL SPRINGS, FL 33071 US US

Current Mailing Address: New Mailing Address:

PO BOX 8190

CORAL SPRINGS, FL 33075 US

FEI Number: 59-2683217 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LAWSON, JILL 5050 LEITNER DR W

CORAL SPRINGS, FL 33067 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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete

KAPLAN, JUDY Name: 10346 NW 4 ST Address:

OFFICERS AND DIRECTORS:

City-St-Zip: CORAL SPRINGS, FL 33071

Title: () Delete

MOON, SALLY Name: Address: 861 E PLANTATION CIRCLE

City-St-Zip: PLANTATION, FL 33324

Title: () Delete MEIER, KAREN Name: 4966 NW 106 AVE

Address: City-St-Zip: CORAL SPRINGS, FL 33706

Title: TD () Delete

Name: LAWSON, JILL Address: 5050 LEITNER DR W

City-St-Zip: CORAL SPRINGS, FL 33067

VPD Title: () Delete DOOLEY, JOYCE Name:

8730 AZALEA COURT, # 102 Address: City-St-Zip: TAMARAC, FL 33321

Title: () Delete

NOLL, CHARLOTTE Name: Address: 7498 NW 48TH PLACE LAUDERHILL, FL 33319 City-St-Zip:

(X) Change () Addition

Name: KASSNER, MARYBETH Address: 7207 NW 39TH MANOR City-St-Zip: CORAL SPRINGS, FL 33065

Title: (X) Change () Addition

Name: NOLL, CHARLOTTE Address: 7498 NW 48TH PLACE City-St-Zip: LAUDERHILL, FL 33319

Title: SD (X) Change () Addition

LARSON, JOLEEN Name: Address: 12240 NW 48TH DRIVE City-St-Zip: CORAL SPRINGS, FL 33706

Title: TD (X) Change () Addition

Name: RIVERA, WANDA

Address: 5655 SW 192ND WAY

City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: () Change () Addition

Name: Address: City-St-Zip:

Title: (X) Change () Addition

SHERMAN, STACY Name: Address: 10770 NW 21ST STREET SUNRISE, FL 33327 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: WANDA RIVERA TD 04/25/2009