

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25903 (8)

1. Corporation Name

QUILTFEST, INC.

Principal Place of Business

3960 INMAN ROAD
ST. AUGUSTINE FL 32095-3218
US

Mailing Address

3960 INMAN ROAD
ST. AUGUSTINE FL 32095-3218
US



3. Date Incorporated or Qualified

04/14/1988

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3871 Chestwood Avenue

26 3871 Chestwood Avenue

4. FEI Number

59-2936093

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 Jacksonville, FL

City & State

28 Jacksonville, FL

Zip

Country

24 32277-1664

25 Duval

Zip

29 32277-1664

Country

30 Duval

9. Name and Address of Current Registered Agent

CASE, FRANCES
122 LINDEN ROAD
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name

Frances Case

82 Street Address (P.O. Box Number is Not Acceptable)

122 Linden Road

83

84 City

St. Augustine

FL

85

Zip Code
32086

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0603, Florida Statutes.

SIGNATURE

Frances Case

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Jan 25, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME CASE, FRANCES
STREET ADDRESS 122 LINDEN RD
CITY-ST-ZIP ST AUGUSTINE FL 32086

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Case, Frances
1.3 STREET ADDRESS 122 Linden RD
1.4 CITY-ST-ZIP St. Augustine, FL 32086

TITLE SD ☒ DELETE

NAME GALEANI, ANITA
STREET ADDRESS 108 SEA ISLAND LAKE CT
CITY-ST-ZIP PONTE VEDRA FL

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME Galeani, Anita
2.3 STREET ADDRESS 108 Sea Island Lake Ct
2.4 CITY-ST-ZIP Ponte Vedra, FL 32082

TITLE D ☒ DELETE

NAME DURST, DOTOTHY
STREET ADDRESS 6211 EASTWOOD LANE
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE TD ☐ Change ☒ Addition

3.2 NAME Busetti, Rose E.
3.3 STREET ADDRESS 3871 Chestwood Ave
3.4 CITY-ST-ZIP Jacksonville, FL 32277-1664

TITLE VD ☒ DELETE

NAME RICKARD, LINDA L
STREET ADDRESS 1554 SURREY GLEN COVE
CITY-ST-ZIP MIDDLEBURG FL 32068

4.1 TITLE SD ☐ Change ☒ Addition

4.2 NAME Rooks, Susan
4.3 STREET ADDRESS 4210 Cordgrass Inlet Dr
4.4 CITY-ST-ZIP Jacksonville, FL 32250

TITLE TD ☒ DELETE

NAME INMAN, IRA L.
STREET ADDRESS 3960 INMAN ROAD
CITY-ST-ZIP ST. AUGUSTINE FL 32095-3218

5.1 TITLE V D ☒ Change ☐ Addition

5.2 NAME Rickard, Linda L.
5.3 STREET ADDRESS 1554 Surrey Glen Cove
5.4 CITY-ST-ZIP Middleburg, FL 32068

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R. Busetti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 Jan 1996
Date

904-633-4102
Daytime Phone

CR2E037 (12/95)