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Jun 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25903 (8)

1. Corporation Name
QUILTFEST, INC.



Principal Place of Business 3871 CHESTWOOD AVE JACKSONVILLE FL 32277-1684 US	Mailing Address 3871 CHESTWOOD AVE JACKSONVILLE FL 32277-1684 US
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3. Date Incorporated or Qualified 04/14/1988	3a. Date of Last Report 03/16/1996
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2. Principal Place of Business 21 1554 Surrey Glen Cove	2a. Mailing Address 26 1554 Surrey Glen Cove
Suite, Apt. #, etc. 22 Middleburg, FL	Suite, Apt. #, etc. 27 Middleburg, FL
City & State 23	City & State 28
Zip 24 32069	Country 25 US
Zip 29 32068	Country 30 US

4. FEI Number 59-2936093	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 Maureen Reiter
82 Street Address (P.O. Box Number is Not Acceptable) 4045 Sabel Dr
83
84 City Jacksonville
85 Zip Code FL 32277

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 617.0503, Florida Statutes.

SIGNATURE *Sandra B. Mortham* **Maureen Reiter** **5/6/97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME CASE, FRANCES	
STREET ADDRESS 122 LINDEN RD	
CITY-ST-ZIP ST AUGUSTINE FL 32086	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME GALEANI, ANITA	
STREET ADDRESS 108 SEA ISLAND LAKE CT	
CITY-ST-ZIP PONTE VEDRA FL 32082	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME BUSETTI, ROSE E	
STREET ADDRESS 3871 CHESTWOOD AVE	
CITY-ST-ZIP JACKSONVILLE FL 32277-1684	
TITLE VD	<input type="checkbox"/> DELETE
NAME RICKARD, LINDA L	
STREET ADDRESS 1554 SURREY GLEN COVE	
CITY-ST-ZIP MIDDLEBURG FL 32068	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME ROOKS, SUSAN	
STREET ADDRESS 4210 CORDGRASS INLET DRIVE	
CITY-ST-ZIP JACKSONVILLE FL 32250	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President (P) D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Maureen Reiter	
1.3 STREET ADDRESS 4045 Sabel Dr	
1.4 CITY-ST-ZIP Jacksonville, FL 32277	
2.1 TITLE Vice President (V) D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Caroline Moegenburg	
2.3 STREET ADDRESS 2165 Mills Rd	
2.4 CITY-ST-ZIP Jacksonville, FL 32216	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE Treasurer (T) D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Rickard, LINDA L	
4.3 STREET ADDRESS 1554 Surrey Glen Cove	
4.4 CITY-ST-ZIP Middleburg, FL 32068	
5.1 TITLE Secretary (S) D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Ann Mattheie	
5.3 STREET ADDRESS 3112 Moody Ave	
5.4 CITY-ST-ZIP Orange Park, FL 32065	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Sandra B. Mortham* **Maureen Reiter** **5/6/97** **904-782-0091**

CR2E037 (9/96)