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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address
1554 SURREY GLEN COVE 585 Black Forest Dr. JACKSONVILLE FL 32259
4554 SURREY GLEN COVE - MIDDLEBURG FL 32068
585 Black Forest Dr. JACKSONVILLE FL 32259

3. Date Incorporated or Qualified
04/14/1988

4. FEI Number
58-2936093

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
21 585 Black Forest Dr. 26 585 Black Forest Dr.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Jacksonville FL 28 Jacksonville FL
Zip Country Zip Country
24 32259 25 US 29 32259 30 US

9. Name and Address of Current Registered Agent
REITER, MAUREEN
4045 SABEL DR.
JACKSONVILLE FL 32277

10. Name and Address of New Registered Agent
81 Name Barbara K. Compton
82 Street Address (P.O. Box Number Is Not Acceptable) 585 Black Forest Dr.
83
84 City Jacksonville FL 85 Zip Code 32259

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 *Barbara K. Compton, TD* DATE June 8, 1998

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	REITER, MAUREEN
STREET ADDRESS	4045 SABEL DR.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	MOEGENBURG, CAROLINE
STREET ADDRESS	2165 MILLS RD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	MATTLACE, ANN
STREET ADDRESS	3112 MOODY AVE.
CITY-ST-ZIP	ORANGE PARK FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	RICKARD, LINDA L
STREET ADDRESS	1554 SURREY GLEN COVE
CITY-ST-ZIP	MIDDLEBURG FL
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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Case, Frances
1.3 STREET ADDRESS	320 Seawoods Dr., N.
1.4 CITY-ST-ZIP	St. Augustine, FL 32084
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Wilkinson, Lois J. (SD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4893 Tocobaga Lane
3.4 CITY-ST-ZIP	Jacksonville, FL 32225
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Compton, Barbara K.
4.3 STREET ADDRESS	585 Black Forest Dr.
4.4 CITY-ST-ZIP	Jacksonville, FL 32259
5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Yerman, Peggy
5.3 STREET ADDRESS	2944 Lantana Lakes Dr., W.
5.4 CITY-ST-ZIP	Jacksonville, FL 32246
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Barbara K. Compton, TD* June 27, 1998 (904) 207-8522

CR2E037 (10/97)