

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25903

FILED  
Apr 13, 2007  
Secretary of State

Entity Name: QUILTFEST, INC. OF JACKSONVILLE, FLORIDA

**Current Principal Place of Business:**

1705 THIRD AVE NORTH  
JACKSONVILLE BEACH, FL 32250 US

**New Principal Place of Business:**

**Current Mailing Address:**

1705 THIRD AVE NORTH  
JACKSONVILLE BEACH, FL 32250 US

**New Mailing Address:**

FEI Number: 59-2936093      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LLOYD, NANCY  
1705 THIRD AVE NORTH  
JACKSONVILLE BEACH, FL 32250 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: P ( ) Delete  
Name: LYNN, GRAHAM  
Address: 1750 BELMONTE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: V ( ) Delete  
Name: REITER, MAUREEN  
Address: 4045 SABEL DR.  
City-St-Zip: JACKSONVILLE, FL 32277

Title: S ( ) Delete  
Name: GALLOWAY, GAIL  
Address: 1705 THIRD AVE NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: T ( ) Delete  
Name: LLOYD, NANCY  
Address: 1705 THIRD AVE NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: C ( ) Delete  
Name: ALLEN, CAROLYN  
Address: 2747 VIA BAYA LANE  
City-St-Zip: JACKSONVILLE, FL 32223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ALLEN, CAROLYN  
Address: 2747 VIA BAYA  
City-St-Zip: JACKSONVILLE, FL 32223

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: MINTON, KATHY  
Address: 3510 SHINNECOCK LANE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: C (X) Change ( ) Addition  
Name: GALLOWAY, GAIL  
Address: 1586 WATERS EDGE DRIVE  
City-St-Zip: ORANGE PARK, FL 32033

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY G. LLOYD

T

04/13/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date