2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41972

FILED Apr 13, 2004 Secretary of State

Entity Name: OCEAN WAVES CHAPTER OF THE NATIONAL QUILTING ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 43-1673 S MIAMI, FL 332431673 **Current Mailing Address: New Mailing Address:** P.O. BOX 43-1673 S MIAMI, FL 332431673 FEI Number: 65-0234944 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: SALT, PHYLLIS S 12561 SW 35 ST MIAMI, FL 33175 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FRAZZETTO, BARBARA Name: Name: 8556 CUTLER CT. Address: Address: City-St-Zip: MIAMI, FL 33189 City-St-Zip: Title: PD () Delete Title: PD (X) Change () Addition ARRASTIA, MERCY Name: COTNER, JOYCE Name: Address: 8560 CULTER CT. Address: 8531 CARIBBEAN BLVD City-St-Zip: MIAMI, FL 33189 City-St-Zip: MIAMI, FL 33157 Title: VPD () Delete Title: () Change () Addition MCLAREN, IRENE MEMBERS Name: Name: Address: 4821S.W.5 TERRACE Address: City-St-Zip: MIAMI, FL 33134 City-St-Zip: Title: SD () Delete Title: SD (X) Change () Addition BUCKEY, JEANETTE SECRETA Name: Name: VENDRYES, MARY-EVE SECRETA Address: 10311 S.W.49 ST. Address: 4539 SW 144 ST MIAMI, FL 33165 City-St-Zip: City-St-Zip: MIAMI, FL 33175 Title: DVP () Delete Title: (X) Change () Addition SANCHEZ, MARTHA MEMBERS JUDITH, WILLIAMS MEMBERS Name: Name: 14510S.W.145 PL 15433 SW 115 ST Address: Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33196 Title: () Delete Title: (X) Change () Addition COTNER, JOYCE ARRASTIA, MERCY Name: Name: 8560 CUTLER CT Address: 8531 CARIBBEAN BLVD. Address: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33189 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BARBARA FRAZZETTO TD 04/13/2004