2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 11, 2008 8:00 am Secretary of State

DOCUMENT # N41972 1. Entity Name OCEAN WAVES CHAPTER OF THE NATIONAL QUILTING ASSOCIATION, INC.							02-11-2008	90049 0	19 ****6.	1.25
Principal Place of Business P.O. BOX 43-1673 P.O. BOX 43-1673 S MIAMI, FL 33243-1673 S MIAMI, FL 33243-1673										
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Maing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01182008	Chg-NP	CR2E03	37 (12/06)	
City & State		City & State			4. FEI Numbe 65-0234			No	plied For t Applicable	
Zip		Country	Zip	Cou	untry		of Status Desired		\$8.75 Add Fee Required	
	6. Name	and Address of Curren	it Registered Agent		210-0	/. Name and	Address of New R	legistered /	Agent	
ABBOTT,	KATHRYN	N G			Name:	Kson.	Lois	•		
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			for the purpose of changing its	registere	ed office or regist	ered agent, or bot	h, in the State of Fk	orida. Iam	familiar with,	and accept
the obligat	tions of regis	stered agent.								
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SIGNATURE	X	15ULKI	crsm		·			<u>۔ کھ</u>	5.08	<u> </u>
	Signature types	d or printed name of registered age	nt and title ∉applicable. (NOT	E: Registere	d Agent signature requir	ed when reastating)		DATE		
Filing Fee Is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution.										
e de la companya de l						\$5.00 May B Added to Fees	• (000000000000000000000000000000000000	CONTRACTOR CONTRACTOR	c payable to timent of St	WARRIED TO SERVICE THE SERVICE
10		May 1, 2008	Trust Fund (Contributi	ion.	Added to Fees	Flor	ida Depar	tment of St	ate
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR