2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State
02-11-2008 90049 019 ****61.25

DOCUMENT # N41972

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

Principal Place of Business	Mailing Address
P.O. BOX 43-1673 S MIAMI, FL 33243-1673	P.O. BOX 43-1673 S MIAMI, FL 33243-1673

01182008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0234944 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ABBOTT, KATHRYN G
6610 SW 47 STREET
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name: Erickson, Lois
Street Address (P.O. Box Number is Not Acceptable): 7261 SW 162 Court
City: Miami FL Zip Code: 33193

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Lois G Erickson 2.5.08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	☒ Delete	TITLE	President	☒ Change ☐ Addition
NAME	BORKOWSKI, EVELYN A		NAME	Erickson, Lois	
STREET ADDRESS	11955 SW 68TH COURT		STREET ADDRESS	7261 SW 162 Court	
CITY-ST-ZIP	PINECREST, FL 33156		CITY-ST-ZIP	Miami, Fl 33193	
TITLE	VP	☒ Delete	TITLE	Vice President	☒ Change ☐ Addition
NAME	THOMPSON, ANITA		NAME	Anna Carrazana	
STREET ADDRESS	13936 SW 90 AVE		STREET ADDRESS	14841 SW 141 Terrace	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	Miami, Fl 33196	
TITLE	S	☒ Delete	TITLE	Vice President	☒ Change ☐ Addition
NAME	HODGES, JANET		NAME	Vigil, Joan	
STREET ADDRESS	11040 SW 55 ST		STREET ADDRESS	5775 SW 123 Ave	
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP	Miami, Fl 33183	
TITLE	VP	☒ Delete	TITLE	Vice President	☒ Change ☐ Addition
NAME	GONZALEZ, KATHRYN G		NAME	Frazzetto, Barbara	
STREET ADDRESS	8320 SW 164 TERRACE		STREET ADDRESS	8556 Cutler Court	
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP	Cutler Bay, Fl 33189	
TITLE	P	☒ Delete	TITLE	Secretary	☒ Change ☐ Addition
NAME	ABBOTT, KATHRYN G		NAME	Salt, Phyllis	
STREET ADDRESS	6610 SW 47 STREET		STREET ADDRESS	12561 SW 35 Street	
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	Miami, Fl 33175	
TITLE	PCC	☒ Delete	TITLE	Treasure	☒ Change ☐ Addition
NAME	ATLAS, APRIL		NAME	McDowell, Barbara	
STREET ADDRESS	5961 SW 87 STREET		STREET ADDRESS	9019 SW 214 Lane	
CITY-ST-ZIP	SOUTH MIAMI, FL 33143		CITY-ST-ZIP	Cutler Bay, Fl 33189	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lois G Erickson 2.5.08 (305)255.7771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #