FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 APR -6 PM 6:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****130.00 ****130.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # N44185 (9)

1. Corporation Name
LEVY COUNTY QUILT MUSEUM, INC.

Principal Place of Business	Mailing Address
RT. 3, BOX 370-E CHIEFLND FL 32626 US	RT. 3, BOX 370-E CHIEFLND FL 32626

3. Date Incorporated or Qualified: 07/03/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2907719 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	
21 10251 N.W. 20th Ave.	26 10251 N.W. 20th Ave.	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23 Chiefland, FL	City & State 28 Chiefland, FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip 24 32626 Country 25	Zip 29 32626 Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HORNE, WINNELLE M.
RT. 3, BOX 370-E
CHIEFLND FL 32626

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	JORDAN, VERA L.	1.2 NAME	
STREET ADDRESS	RT. 2, CYPRESS STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HORNE, WINNELLE M.	2.2 NAME	
STREET ADDRESS	CO ROAD 202	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, EMORY F	3.2 NAME	
STREET ADDRESS	CARRIBEE POINT, PO BOX 1082	3.3 STREET ADDRESS	
CITY-ST-ZIP	INGLIS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	TAW 4/6/95
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Winnelle M. Horne WINNELLE M. HORNE APR. 1 1995
Signature and typed or printed name of signing officer or director — Date