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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N44185** **(9)**

1. Corporation Name

LEVY COUNTY QUILT MUSEUM, INC.

Principal Place of Business	Mailing Address
10251 N.W. 20TH AVE. CHIEFLND FL 32626 US	10251 N.W. 20TH AVE. CHIEFLND FL 32626-3661 US

Levy County Quilt Museum Inc.

2. Principal Place of Business	2a. Mailing Address
21 old address	26 New address
Suite, Apt. #, etc 22 10250 N. W. 20th Ave.	Suite, Apt. #, etc. 27 10050 N.W. 10th Ave.
City & State 23 Cheyland, Fl.	City & State 28 Cheyland. Fl
Zip / Country 24 32626 / 25 Levy	Zip / Country 29 32626 / 30 Levy

3. Date Incorporated or Qualified 07/03/1991	3a. Date of Last Report 03/04/1996
4. FEI Number 59-2907719	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
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.
10251 NW 20TH AVENUE
CHIEFLND FL 32626

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) Same

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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.

Phone 493-1679

SIGNATURE: SIGNATURE REQUIRED Winnelle M Horne Mar 1, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0011514