## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Jan 24, 2008 08:00 AN Secretary of State DOCUMENT # N44185 LEVY COUNTY QUILT MUSEUM, INC. Principal Place of Business Mailing Address 11050 NW 10TH AVENUE 11050 NW 10TH AVENUE CHIEFLAND FL 32626 CHIEFLAND FL 32626 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suitu. Apt. #, efc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-2907719 Not Applicable Country 210 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HORNE, WINNELLE M. Street Address (P.O. Box Number is Not Acceptable) 11050 NW 10TH AVENUE CHIEFLAND FL 32626 City Z:p Code 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, 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Segretario, typed or printed name of repistered agent and the Hamplicasis (NOTE: Bug stared Agent pignas) in red wired where rensitionals DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State til productionalisis 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 T:TLE ☐ Delete TITLE Change Addition HARDEE, ANN MAME NAME 7440 NW 60TH AVENUE STREET ADDRESS STREET ADDRESS CHIEFLAND FL 32626 CITY - ST - ZIP CITY - ST- 7:P TITLE ☐ Delate TiTLE Change ☐ Addition HORNE, WINNELLE M. NAME NAME 11050 NW 10TH AVENUE SUSEET ADDRESS STREET ADDRESS CHIEFLAND FL 32626 CITY ST-7IP CITY-ST-Z:P THE Delete THE Change Addition U00000794514 SULLIVAN, EMORY F NAME MAME 01/28/08-80011-002 61.25 CARRIBEE POINT, PO BOX 1082 SIRFET ADDRESS STREET ADDRESS **INGUS FL 32694** CITY-ST-ZIP CITY - S7 - 7:P THILD ☐ Dalete Ritia Change Addition NAME NASIF STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP THE ☐ Delete ☐ Change ☐ Addition MALAY NASE STREET ADDRESS STREET ACOPESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STRUET AUDRESS STREET ADDRESS CITY, ST. 7IP CITY-ST-ZP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I turther certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legar effect as if made under outri, 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.

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