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Jul 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N41972 (3)

1. Corporation 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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

28 Zip 30 Country

3. Date Incorporated or Qualified
02/05/1991

3a. Date of Last Report
06/12/1996

4. FEI Number
65-0234944

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

10. Name and Address of New Registered Agent

SOLAKIAN, PHYLLIS
5751 SW 59TH AVENUE
MIAMI FL 33143

81 Name **HARRIET D. RUOFF**

82 Street Address (P.O. Box Number is Not Acceptable)
13255 SW 98th Place

83

84 City **MIAMI** FL 85 Zip Code **33176**

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 *Harriet D. Ruoff*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **6/24/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DVP** ☒ DELETE
NAME **MARSHALL, MARGARET**
STREET ADDRESS **11233 SW 112TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE **DVP** ☐ DELETE
NAME **HAMIT, RUOFF**
STREET ADDRESS **13255 SW 98 PLACE**
CITY-ST-ZIP **MIAMI FL**

TITLE **DT** ☐ DELETE
NAME **LUE, PATRICIA**
STREET ADDRESS **5745 SW 97TH STREET**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **DS** ☐ DELETE
NAME **BRENNAN, CAROL**
STREET ADDRESS **6912 SW 110TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **DVP** ☐ DELETE
NAME **SALT, PHYLLIS**
STREET ADDRESS **12561 SW 35 STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **DVP**
2.3 STREET ADDRESS **DEWIND, MARY**
2.4 CITY-ST-ZIP **14844 SW 71 TER**
MIAMI, FL 33193-1031

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **DT**
3.3 STREET ADDRESS **EVELYN GARCIA**
3.4 CITY-ST-ZIP **14280 SW 92ND ST**
MIAMI, FL 33186-7804

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **DS**
4.3 STREET ADDRESS **PHYLLIS SALT**
4.4 CITY-ST-ZIP **12561 SW 35th ST**
MIAMI, FL 33175-2907

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **DVP**
5.3 STREET ADDRESS **MITCHELL, ANN**
5.4 CITY-ST-ZIP **14471 SW 146 Place**
MIAMI, FL 33186-5623

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

CR2E037 (9/96)