

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90032 022 ****61.25

DOCUMENT # N02000006034					
1. Entity Name SEBASTIAN STEPPING STONE QUILT GUILD, INCORPORATED					
Principal Place of Business ROSELAND UNITED METHODIST CHURCH 12962 ROSELAND RD ROSELAND, FL 32957			Mailing Address C/O JOY BOREY 88 OVERLOOK DR SEBASTIAN, FL 32976		
2. Principal Place of Business		3. Mailing Address C/O MARILYN LEE Suite, Apt. #, etc. 1524 EAGLES Cir			
Suite, Apt. #, etc.		City & State SEBASTIAN FL			
City & State		Zip 32958		Country	
Zip		Country		4. FEI Number NOT APPLICABLE	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BOREY, JOY 88 OVERLOOK DR SEBASTIAN, FL 32976			7. Name and Address of New Registered Agent Name: MARILYN LEE Street Address (P.O. Box Number is Not Acceptable): 1524 EAGLES Cir City: SEBASTIAN FL Zip Code: 32958		
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: <u>Marilyn Lee</u> DATE: <u>1-31-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$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 P NAME BOREY, JOY STREET ADDRESS 88 OVERLOOK DR CITY-ST-ZIP SEBASTIAN, FL 32976	<input checked="" type="checkbox"/> Delete		TITLE P NAME LEE, MARILYN STREET ADDRESS 1524 EAGLES Cir CITY-ST-ZIP SEBASTIAN FL 32958	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME LEE, MARILYN STREET ADDRESS 1524 EAGLES CIR CITY-ST-ZIP SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME BEA Mullins STREET ADDRESS 1307 Barefoot Cir CITY-ST-ZIP BAREFOOT BAY FL 32976	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME CAFREY, BARBARA STREET ADDRESS 898 BERMUDA AVE CITY-ST-ZIP SEBASTIAN, FL 32958	<input type="checkbox"/> Delete		TITLE S NAME KEANE PATRICIA STREET ADDRESS 585 CAVERN TER CITY-ST-ZIP SEBASTIAN FL 32958	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME HARRICK, BETTY STREET ADDRESS 755 BAY HARBOR TERR CITY-ST-ZIP SEBASTIAN, FL 32758	<input checked="" type="checkbox"/> Delete		TITLE S NAME KEANE PATRICIA STREET ADDRESS 585 CAVERN TER CITY-ST-ZIP SEBASTIAN FL 32958	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 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: <u>Marilyn Lee</u> DATE: <u>1-31-05</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					