

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90245 034 ****61.25

DOCUMENT # N41972 1. Entity Name OCEAN WAVES CHAPTER OF THE NATIONAL QUILTING ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 43-1673 S MIAMI, FL 33243-1673				Mailing Address P.O. BOX 43-1673 S MIAMI, FL 33243-1673	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0234944	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SALT, PHYLLIS S 12561 SW 35 ST MIAMI, FL 33175			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</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 NAME STREET ADDRESS CITY-ST-ZIP	TD FRAZZETTO, BARBARA 8556 CUTLER CT. MIAMI, FL 33189	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer BRITO, Rosa I 16632 SW 91 TH miami, FL 33196	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COTNER, JOYCE 8531 CARIBBEAN BLVD MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Programs Director, VP DeWind Mary 14844 S.W. 71 TH miami FL 33193	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO MCLAREN; IRENE MEMBERS 4821 S.W. 5 TERRACE MIAMI, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Programs - Co-Chair Atlas, April 5961 S.W. 87 street South Miami, FL 33143	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VENDRYES, MARY-EVE SECRETA 4539 SW 144 ST MIAMI, FL 33175	<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	DVP JUDITH, WILLIAMS MEMBERS 15433 SW 115 ST MIAMI, FL 33196	<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	VPO ARRASTIA, MERCY 8560 CUTLER CT MIAMI, FL 33189	<input checked="" 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <i>Rosa I Brito</i> Rosa I. Brito, Treasurer 4/19/05 </div>					

(305)

606-6103