

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90081 022 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 Kathryn G. Abbott Street Address (P.O. Box Number is Not Acceptable) 6610 SW 47 Street City Miami FL Zip Code 33155-5910	
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><i>Kathryn G. Abbott</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2/22/2007</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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	T BRITO, ROSA I <input checked="" type="checkbox"/> Delete 16632 SW 91 TERR MIAMI, FL 33196		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Evelyn A. Borkowski 11955 SW 68th Court Pincrest, FL 33156-4761	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete THOMPSON, ANITA 13936 SW 90 AVE MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Programs <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kathryn G. Gonzalez 8320 SW 164 Terrace Miami, FL 33157	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete HODGES, JANET 11040 SW 55 ST MIAMI, FL 33165		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kathryn G. Abbott 6610 SW 47 Street, Miami, FL 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPM <input checked="" type="checkbox"/> Delete SHERMAN, ELLEN 11430 SW 82 TERR MIAMI, FL 33173		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPM <input checked="" type="checkbox"/> Delete LASTRA, PATSY 10450 SW 140 RD MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCC <input checked="" type="checkbox"/> Delete ATLAS, APRIL 5961 SW 87 STREET SOUTH MIAMI, FL 33143		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 exemptions contained in Chapter 119, 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><i>Evelyn A. Borkowski</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2-17-07</u> Daytime Phone # <u>305-641-0733</u>		