2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N05000003748

Entity Name: THE ALL-STAR QUILTERS GUILD, INC.

Current Principal Place of Business:

11924 SAN JOSE BLVD
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 23772
JACKSONVILLE, FL 322413772

New Mailing Address:

FEI Number: 65-1250116 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ECHT, ELFRIEDE
5347 SWAYING OAKS CT.
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MOSELEY, HARRIET
Address: 8310 LAWFIN ST S.
City-St-Zip: JACKSONVILLE, FL 32211

Title: SD ( ) Delete
Name: HELM, BONNIE
Address: 2841 GRANDE OAKS WAY
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: TD ( ) Delete
Name: RITTSCHER, JUNE D
Address: 4609 GOLDEN SPIKE CT
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MALESKY, ELIZABETH L
Address: 13961 MANDARIN ROAD
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD (X) Change ( ) Addition
Name: RIALS, MELINDA
Address: 7706 CAYMAN ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: TD (X) Change ( ) Addition
Name: ECHT, ELFRIEDE
Address: 5347 SWAYING OAKS CT
City-St-Zip: JACKSONVILLE, FL 32258

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELFRIEDE ECHT TD 01/21/2009

Electronic Signature of Signing Officer or Director — Date