

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009665

**Entity Name:** EDUQUILTERS, INC.

**Current Principal Place of Business:**

96 WILLARD ST STE 304  
COCOA, FL 32922

**Current Mailing Address:**

245 HIGHWAY A1A  
601  
SATELLITE BEACH, FL 32937 US

**FEI Number:** 20-0384339

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DEANS, THOMAS W  
47 W NEW HAVEN AVE STE 200  
MELBOURNE, FL 32901 US

*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

**Officer/Director Detail :**

Title DP  
Name ENGEL, MARGIE  
Address 245 HWY A1A #601  
City-State-Zip: SATELLITE BCH FL 32937

Title DV  
Name MILNER, SHERYL  
Address 48 C PINEY BRANCH WAY  
City-State-Zip: WEST MELBOURNE FL 32940

Title DT  
Name COSTANZO, LAURA  
Address 10117 EASTERN LAKE AVENUE  
City-State-Zip: ORLANDO FL 32817

Title DS  
Name GAMBLIN, PATTI  
Address 9990 S TROPICAL TRL  
City-State-Zip: MERRITT ISLAND FL 32952

Title DD  
Name MORTON, BRIDGET  
Address 736 ESPANOLA WAY  
City-State-Zip: MELBOURNE FL 32901

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARGIE ENGEL

**PRESIDENT**

**02/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date