

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003748

**Entity Name:** THE ALL-STAR QUILTERS GUILD, INC.**Current Principal Place of Business:**11924 SAN JOSE BLVD  
JACKSONVILLE, FL 32223**Current Mailing Address:**P.O. BOX 23772  
JACKSONVILLE, FL 32241-3772**FEI Number:** 65-1250116**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CANNON, ELLEN E  
4151 HANGING MOSS COURT  
JACKSONVILLE, FL 32257 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:** ELLEN E. CANNON

03/01/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | TD                    |
| Name            | CANNON, ELLEN E       |
| Address         | 4151 HANGING MOSS CT  |
| City-State-Zip: | JACKSONVILLE FL 32257 |

|                 |                        |
|-----------------|------------------------|
| Title           | VP                     |
| Name            | JONES, CATHY           |
| Address         | 10440 ROLLING BROOK CT |
| City-State-Zip: | JACKSONVILLE FL 32256  |

|                 |                       |
|-----------------|-----------------------|
| Title           | PRESIDENT             |
| Name            | AGNEW, BETTY A        |
| Address         | 8636 HAMMONDWOOD RD S |
| City-State-Zip: | JACKSONVILLE FL 32221 |

|                 |                     |
|-----------------|---------------------|
| Title           | RECORDING SECRETARY |
| Name            | CALDARISE, DONNA    |
| Address         | 619 FENWICK LANE    |
| City-State-Zip: | ST JOHNS FL 32259   |

|                 |                         |
|-----------------|-------------------------|
| Title           | CORRESPONDING SECRETARY |
| Name            | BRETT, ELAINE           |
| Address         | 3056 SANTEE PLACE       |
| City-State-Zip: | ST JOHNS FL 32259       |

*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:** ELLEN CANNON**TREASURER**

03/01/2016

Electronic Signature of Signing Officer/Director Detail

Date