

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000006354

**Entity Name:** HONEYBEE QUILTERS SEMINARS, INC.

**Current Principal Place of Business:**

8586 WALDEN GLEN DR.  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

8586 WALDEN GLEN DR.  
JACKSONVILLE, FL 32256 US

**FEI Number:** 45-2647930

**Certificate of Status Desired:** No

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

HONEYBEE QUILTERS SEMINARS INC.  
1529 HIGHLAND FOREST DR  
JACKSONVILLE, FL 32259 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:** ANNE MORGAN

01/05/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HOWLE, MARYALICE  
Address        428 WYNFIELD CIRCLE  
City-State-Zip: FLEMING ISLAND FL 32003

Title            TREASURER  
Name            WASSON, MAUREEN  
Address        8586 WALDEN GLEN DR.  
City-State-Zip: JACKSONVILLE FL 32259

Title            SECRETARY  
Name            KELLY, DAWN  
Address        401 PERIWINKLE PL  
City-State-Zip: ST JOHN'S FL 32259

Title            VP  
Name            ROUTH, JENNIFER  
Address        9455 103RD  
                    1223  
City-State-Zip: JACKSONVILLE FL 32210

*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:** MAUREEN WASSON

**TREASURER**

01/05/2024

Electronic Signature of Signing Officer/Director Detail

Date