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.

TREASURER

SIGNATURE: Y ELAINE STEMETZKI

Electronic Signature of Signing Officer/Director Detail

Entity Name: QUILTFEST, INC. OF JACKSONVILLE, FLORIDA

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

232 N CHECKERBERRY WAY ST JOHNS, FL 32259

DOCUMENT# N25903

Current Mailing Address:

232 N CHECKERBERRY WAY ST JOHNS. FL 32259 US

FEI Number: 59-2936093

Name and Address of Current Registered Agent:

STEMETZKI, Y ELAINE 232 N CHECKERBERRY WAY ST JOHNS, FL 32259 US

I

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	: Y ELAINE STEMETZKI			01/14/2019	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	TREASURER	Title	PRESIDENT		
Name	STEMETZKI, Y ELAINE	Name	FROST, ISABELL		
Address	232 N CHECKERBERRY WAY	Address	9178 AUGUST CIRCLE		
City-State-Zip:	ST JOHNS FL 32259	City-State-Zip:	ST AUGUSTINE FL 32080		
Title	VP	Title	SECRETARY		
Name	CLINE, KRISTA	Name	HOWLE, MARY ALICE		
Address	2825 ST JOHNS BLVD	Address	428 WYNFIELD CIRCLE		
City-State-Zip:	JACKSONVILLE BEACH FL 32250	City-State-Zip:	FLEMING ISLAND FL 32003		

Certificate of Status Desired: No

Jan 14, 2019 Secretary of State 1318381330CC

FILED

Date

01/14/2019