

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

DOCUMENT# N25903

**Entity Name:** QUILTFEST, INC. OF JACKSONVILLE, FLORIDA

**Current Principal Place of Business:**

232 N CHECKERBERRY WAY  
ST JOHNS, FL 32259

**Current Mailing Address:**

232 N CHECKERBERRY WAY  
ST JOHNS, FL 32259 US

**FEI Number: 59-2936093**

**Certificate of Status Desired: No**

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

STEMETZKI, YVONNE E  
232 N CHECKERBERRY WAY  
ST JOHNS, 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: YVONNE E STEMETZKI**

**01/28/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name GALLOWAY, GAIL  
Address 1586 WATERS EDGE DR  
City-State-Zip: FLEMING ISLAND FL 32003

Title V  
Name GLARY, MARY ANN  
Address 1408 PINEWOOD ROAD  
City-State-Zip: JACKSONVILLE FL 32250

Title S  
Name FROST, ISABELL  
Address 9176 AUGUST CIRCLE  
City-State-Zip: ST AUGUSTINE FL 32080

Title T  
Name STEMETZKI, YVONNE E  
Address 232 N CHECKERBERRY WAY  
City-State-Zip: ST JOHNS FL 32259

Title C  
Name ALLEN, CAROLYN  
Address 2747 VIA BAYA LANE  
City-State-Zip: JACKSONVILLE FL 32223

*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: YVONNE E STEMETZKI**

**01/28/2013**

Electronic Signature of Signing Officer/Director Detail

Date