

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

DOCUMENT# N25903

**FILED**  
**Jan 19, 2016**  
**Secretary of State**  
**CC8192303119**

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

**Current Principal Place of Business:**

1529 HIGHLAND FOREST DR.  
ST JOHNS, FL 32259

**Current Mailing Address:**

1529 HIGHLAND FOREST DR.  
ST JOHNS, FL 32259 US

**FEI Number: 59-2936093**

**Certificate of Status Desired: No**

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

GUILFORD, PATRICIA M  
1529 HIGHLAND FOREST DR.  
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: PATRICIA M. GUILFORD**

**01/19/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           GUILFORD, PATRICIA  
Address        1529 HIGHLAND FOREST DR.  
City-State-Zip: ST. JOHNS FL 32259

Title           V  
Name           D'ELIA, PAT  
Address        14389 FALAN CT.  
City-State-Zip: JACKSONVILLE FL 32223

Title           PRESIDENT  
Name           FROST, ISABELL  
Address        9178 AUGUST CIRCLE  
City-State-Zip: ST AUGUSTINE FL 32080

Title           SECRETARY  
Name           WILSON, LINDA  
Address        1959 BLUE BIRD RUN E  
City-State-Zip: ORANGE PARK FL 32217

Title           C  
Name           REITER, MAUREEN  
Address        4045 SABEL DR.  
City-State-Zip: JACKSONVILLE FL 32277

*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: PATRICIA M GUILFORD**

**TREASURER**

**01/19/2016**

Electronic Signature of Signing Officer/Director Detail

Date