

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41972

**Entity Name:** OCEAN WAVES CHAPTER OF THE NATIONAL QUILTING ASSOCIATION, INC.

**Current Principal Place of Business:**

13768 SW 8 ST  
MIAMI, FL 33184

**Current Mailing Address:**

P. O. BOX 43-1673  
SOUTH MIAMI, FL 33243-1643 US

**FEI Number:** 65-0234944

**Certificate of Status Desired:** Yes

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

ERICKSON, LOIS  
7261 SW 162 COURT  
MIAMI, FL 33193 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:** LOIS ERICKSON

01/27/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                        |                 |                    |
|-----------------|------------------------|-----------------|--------------------|
| Title           | P                      | Title           | VP                 |
| Name            | ERICKSON, LOIS         | Name            | CHAMBERLIN, PAMELA |
| Address         | 7261 SW 162 COURT      | Address         | 4604 SW 64 CT      |
| City-State-Zip: | MIAMI FL 33193         | City-State-Zip: | MIAMI FL 33155     |
| Title           | VP                     | Title           | S                  |
| Name            | KRUTULIS, SHARON       | Name            | LEVER, LINDA M     |
| Address         | 16453 SW 294 ST        | Address         | 6201 SW 30 ST.     |
| City-State-Zip: | HOMESTEAD FL 33033     | City-State-Zip: | MIAMI FL 33155     |
| Title           | T                      |                 |                    |
| Name            | WILSON, KAY            |                 |                    |
| Address         | 9280 OCEAN CURVE DRIVE |                 |                    |
| City-State-Zip: | MIAMI FL 33189         |                 |                    |

*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:** KAY WILSON

**TREASURER**

01/27/2015

Electronic Signature of Signing Officer/Director Detail

Date