

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0011313

DOCUMENT # N00000006289

1. Entity Name

PATCH QUILTS PROJECT, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 19 AM 8:00

Principal Place of Business

137 SEABREEZE AVENUE  
DELRAY BEACH FL 33483

Mailing Address

POST OFFICE BOX 1867  
DELRAY BEACH FL 33447-1867

2. Principal Place of Business

3. Mailing Address

POST OFFICE BOX 1752

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

Country

33447-1752

Country

PALM BEACH

4. FEI Number 65-1061822

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BENNETT, DEBORAH E  
137 SEABREEZE AVENUE  
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Deborah E Bennett M/A*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/17/03

DATE

FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DPT  
NAME BENNETT, DEBORAH E  
STREET ADDRESS 137 SEABREEZE AVENUE  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS  
NAME BENNETT, MARGARET R  
STREET ADDRESS 2500 VIRGINIA AVE, N.W. APT 1205S  
CITY-ST-ZIP WASHINGTON DC 20037

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME LEVY, JOY D  
STREET ADDRESS 117 WINGED FOOT LANE  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*

9/17/03 (501) 274-8860

CR2E037 (4/03)