## **2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 19, 2004 8:00 am Secretary of State

DOCUMENT # N0200006034  1. Entity Name SEBASTIAN STEPPING STONE QUILT GUILD, INCORPORATED									04-19-2	2004 904	_		
Principal Place of Business ROSELAND UNITED METHODIST CHURCH 12962 ROSELAND RD ROSELAND, FL 32957			C/O J( 88 O\	Mailing Address C/O JOY BOREY 88 OVERLOOK DR SEBASTIAN, FL 32976							1 <b>6011 6</b> 111		
2. Principal Place of Business			3. Mail	3. Maifing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04162004	Chg-NP	CI	R2E037	7 (10/03)	
City & State			City & State					NOT ADDITIONAL F				plied For t Applicable	
Zip	Zip Country		Zip		Çol	ountry		5. Certificate	e of Status De	sired [		8.75 Add ee Require	
	6. Name	and Address of Current	Registere	d Agent				7. Name and	d Address of	New Regis	tered A	gent	
BOREY J	OY					l <sup>∞</sup> Name—	BORG	-J . T	ov C	•			
BOREY, JOY 88 OVERLOOK DR SEBASTIAN, FL 32976						Street Address (P.O. Box Number is Not Acceptable)							
						City 44	1					Zip Cod	9
						111							6-2681
	tions of regist	ty submits this statement for tered agent.		Joy $\mathcal{L}$	s register	ed office or i	registere	ed agent, or bo	oth, in the Stat			zoog	and accept
	Signature, typed	or printed name of registered agent	and title if appli		E: Registere	d Agent signatur	te required	when reinstating)	<del></del>		DATE		<del></del> .
	Filing Fe	or printed name of registered agy se is \$61.25 May 1, 2004	and title if appli		mpaign F	inancing		\$5.00 May Added to Fee	5	Make , Florida i	check Departi	payable to ment of Si	iate
10.	Filing Fe	e is \$61.25		9. Election Ca Trust Fund	mpaign F Contribut	Financing tion. [		\$5.00 May Added to Feed	HANGES TO C	Make , Florida i	check Departi	payable to ment of SI ECTORS IN	10
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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:

SIGNAPLINE AND TYPED ON FRONTED NAME OF SIGNANG OFFICER OR DIRECTOR

4/16/2004 (112) 913-0847 CELL Date