

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90032 022 ****61.25

DOCUMENT # N02000006034	
1. Entity Name SEBASTIAN STEPPING STONE QUILT GUILD, INCORPORATED	

40010304



01302005 Chg-NP CR2E037 (10/03)

Principal Place of Business ROSELAND UNITED METHODIST CHURCH 12962 ROSELAND RD ROSELAND, FL 32957	Mailing Address C/O JOY BOREY 88 OVERLOOK DR SEBASTIAN, FL 32976
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address C/O MARILYN LEE 1524 EAGLES Cir SEBASTIAN FL 32958 City & State Zip
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6. Name and Address of Current Registered Agent BOREY, JOY 88 OVERLOOK DR SEBASTIAN, FL 32976		7. Name and Address of New Registered Agent Name MARILYN LEE Street Address (P.O. Box Number is Not Acceptable) 1524 EAGLES Cir City SEBASTIAN FL Zip Code 32958	
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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 <u>Marilyn Lee</u> DATE <u>1-31-05</u> Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOREX, JOY 88 OVERLOOK DR SEBASTIAN, FL 32976 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, MARILYN 1524 EAGLES Cir SEBASTIAN FL 32958 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEE, MARILYN 1524 EAGLES CIR SEBASTIAN, FL 32958 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEA Mullins 1307 Barefoot Cir Barefoot Bay FL 32976 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAFREY, BARBARA 898 BERMUDA AVE SEBASTIAN, FL 32958 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEANE PATRICIA 585 CAVERN TER SEBASTIAN FL 32958 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRICK, BETTY 755 BAY HARBOR TERR SEBASTIAN, FL 32758 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEANE PATRICIA 585 CAVERN TER SEBASTIAN FL 32958 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: <u>Marilyn Lee</u> DATE <u>1-31-05</u> Signature and typed or printed name of signing officer or director	
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