

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90406 005 \*\*\*\*61.25

**50012522**



<b>DOCUMENT # N03000000225</b>	
1. Entity Name <b>LARGO CRACKER QUILTERS, INC.</b>	



Principal Place of Business <b>P.O. BOX 5205 LARGO, FL 33779</b>	Mailing Address <b>P.O. BOX 5205 LARGO, FL 33779</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04112006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**37-1439351**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
<b>HERBRANSON, BARBARA L 11425 113TH AVE. SEMINOLE, FL 33778</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 *Barbara Herbranson* DATE 4-14-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 17, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NADER, LYDIA</b>	NAME	
STREET ADDRESS	<b>831 HARBOR ISLAND</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER BEACH, FL 33767</b>	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CLARK, JANE</b>	NAME	<b>BETTY SARINE</b>
STREET ADDRESS	<b>47 BEECHWOOD</b>	STREET ADDRESS	<b>709 GROVEWOOD LANE</b>
CITY-ST-ZIP	<b>LARGO, FL 33770</b>	CITY-ST-ZIP	<b>LARGO, FL 33770</b>
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NELSON, NANCY</b>	NAME	<b>SUSAN COBB</b>
STREET ADDRESS	<b>P.O. BOX 5205</b>	STREET ADDRESS	<b>511 N. OSCEOLA</b>
CITY-ST-ZIP	<b>LARGO, FL 33779</b>	CITY-ST-ZIP	<b>CLEARWATER, FL 33755</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERBRANSON, BARBARA</b>	NAME	
STREET ADDRESS	<b>11425 113TH AVE N</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SEMINOLE, FL 33778</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	1 VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>ELMA MAY BRY</b>
STREET ADDRESS		STREET ADDRESS	<b>124 PARK BLVD #220</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>SEMINOLE, FL 33772</b>
TITLE	<input type="checkbox"/> Delete	TITLE	2 VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>JANICE WADDS</b>
STREET ADDRESS		STREET ADDRESS	<b>1071 DONEGAN RD #158</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>LARGO, FL 33771</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Barbara Herbranson* DATE 4-14-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR