

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90018 004 ****61.25

DOCUMENT # N03000000225

1. Entity Name
LARGO CRACKER QUILTERS, INC.



Principal Place of Business
**P.O. BOX 5205
LARGO, FL 33779**

Mailing Address
**P.O. BOX 5205
LARGO, FL 33779**

50005597



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05132008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
37-1439351

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERBRANSON, BARBARA L
11425 113TH AVE.
SEMINOLE, FL 33778**

Name
NANCY NELSON

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

9030 41ST STREET

City
PINELLAS PARK

FL

Zip Code
33782

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

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

**NANCY NELSON
DIRECTOR &
REGISTERED AGENT**

(NOTE: Registered Agent signature required when reinstating)

5/19/08
DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SCAFFIDI, JOAN
16450 GULF BLVD. #666
N. REDINGTON BEACH, FL 33708** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D
JOELLEN SMITH
1416 S. EVERGREEN AVE
CLEARWATER, FL 33756** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ALLISON, MARYLIN
7525 PESADOR PLACE
SEMINOLE, FL 33772** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/D HILDA KARL
8580 FORSYTH DR. N.
SEMINOLE, FL 33772** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
COBB, SUSAN
511 N OSCEOLA
CLEARWATER, FL 33755** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HERBRANSON, BARBARA
11425 113TH AVE N
SEMINOLE, FL 33778** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NANCY NELSON
9030 41ST STREET
PINELLAS PARK, FL 33782** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1VP
BIRKETT, GRACE
9208 GRAND BLANC DR.
SEMINOLE, FL 33777** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1VP/D
JANICE WADAS
1071 DONEGAN RD. #158
LARGO, FL 33771** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2VP
HOOTEN, MARLENE
1775 WOODRIDGE DR.
CLEARWATER, FL 33756** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2VP
SHARON DANIELSEN
18304 GULF BLVD. #602
REDINGTON SHORES, FL 33708** ☒ Change ☐ Addition

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:

Susan M. Cobb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/08
Date

(727) 466-6108
Daytime Phone #

SUSAN M. COBB, TREASURER