

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008155

Entity Name: COUNTRY ROAD QUILTERS, INC.

FILED  
Feb 20, 2004  
Secretary of State

**Current Principal Place of Business:**

P. O. BOX 771282  
OCALA, FL 34477

**New Principal Place of Business:**

2908 NE 31ST PLACE  
OCALA, FL 34477

**Current Mailing Address:**

P. O. BOX 771282  
OCALA, FL 34477

**New Mailing Address:**

2908 NE 31ST PLACE  
OCALA, FL 34477

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STONE, MARY L  
2809 NE 31ST PL.  
OCALA, FL 34479

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LADUCER, JAN  
Address: 8421 NW 115TH AVE.  
City-St-Zip: OCALA, FL 34482

Title: VD ( ) Delete  
Name: LAFFERTY, BETTY  
Address: 8525 NW 115TH AVE.  
City-St-Zip: OCALA, FL 34482

Title: TD ( ) Delete  
Name: TWEET, HILDIE  
Address: 3217 NW 47TH CT.  
City-St-Zip: OCALA, FL 34472

Title: SD ( ) Delete  
Name: HESLINGA, KITA  
Address: 11672 SW 140TH LANE  
City-St-Zip: DUNNELLON, FL 34432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAN LADUCER

PRES

02/20/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date