

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008155

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** COUNTRY ROAD QUILTERS, INC.

**Current Principal Place of Business:**

1845 NW 46TH CIRCLE  
OCALA, FL 34482 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 771282  
OCALA, FL 34477 US

**New Mailing Address:**

**FEI Number:** 20-0254219

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, FREDA M  
1845 NW 46TH CIRCLE  
OCALA, FL 34482 US

**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  
**Name:** SMITH, NANCY K  
**Address:** 6001 SE 129TH PLACE  
**City-St-Zip:** BELLVIEW, FL 34420

**Title:** VD  
**Name:** JANDREAU, VICTORIA  
**Address:** 420 LAKE DRIVE  
**City-St-Zip:** OCALA, FL 34472

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

**Title:** TD  
**Name:** WAGNER, VALERIE  
**Address:** 700 SW 89TH TERRACE  
**City-St-Zip:** OCALA, FL 34481

I hereby 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 all other like empowered.

**SIGNATURE:** NANCY KAY SMITH

PRES

01/07/2011

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

\_\_\_\_\_  
Date