


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90361 044 ****61.25

DOCUMENT # N04000006791					
1. Entity Name SUNCOAST QUILTING CIRCLE, INC.					
Principal Place of Business 2800 30TH AVENUE NORTH ST. PETERSBURG, FL 33710			Mailing Address P.O. BOX 47764 ST. PETERSBURG, FL 33743		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3664853	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RISTORCELLI, TARIA 6250 25TH AVENUE NORTH ST. PETERSBURG, FL 33710			Name <u>KINGSBURY, PATTY</u> Street Address (P.O. Box Number is Not Acceptable) <u>14434 TANGLEWOOD DRIVE</u> City <u>LARGO</u> <u>FL</u> Zip Code <u>33774</u>		
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><i>Danica Melotte Kingsbury</i></u> <small>Signature, typed or printed name of registered agent and title, if applicable.</small>			DATE <u>04/04/05</u> <small>(NOTE: Registered Agent signature required when reappointing)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 BRAITHWAITE, MARY ANN 3100 HARTFORD STREET NORTH, #229 ST. PETERSBURG, FL 33710		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HINK, GEORGIA 7100 BEACH PLAZA ST. PETERSBURG BEACH, FL 33706		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERRY, JUDY 3200 53RD STREET NORTH ST. PETERSBURG, FL 33710		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARDNER, MILDRED 4042 NORTH SHORE DRIVE NE, #44 ST. PETERSBURG, FL 33701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 <u>BARBARA TRAPP</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>2000 Country Club Road North</u> <u>St. Petersburg, FL 33710</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RISTORCELLI, TARIA 6250 25TH AVENUE NORTH ST. PETERSBURG, FL 33710		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <u>KINGSBURY, PATTY</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>14434 TANGLEWOOD DRIVE</u> <u>LARGO, FL 33774</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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><i>Danica Melotte Kingsbury</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>04/04/05</u> <u>727-596-6409</u> <small>Daytime Phone #</small>		

50041257



03142005 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

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

~~RISTORCELLI, TARIA~~
~~6250 25TH AVENUE NORTH~~
~~ST. PETERSBURG, FL 33710~~

Name KINGSBURY, PATTY
Street Address (P.O. Box Number is Not Acceptable)
14434 TANGLEWOOD DRIVE
City LARGO FL Zip Code 33774

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 *Danica Melotte Kingsbury*
Signature, typed or printed name of registered agent and title, if applicable.

DATE 04/04/05
(NOTE: Registered Agent signature required when reappointing)

**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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BRAITHWAITE, MARY ANN
3100 HARTFORD STREET NORTH, #229
ST. PETERSBURG, FL 33710

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HINK, GEORGIA
7100 BEACH PLAZA
ST. PETERSBURG BEACH, FL 33706

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BERRY, JUDY
3200 53RD STREET NORTH
ST. PETERSBURG, FL 33710

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
~~GARDNER, MILDRED~~
~~4042 NORTH SHORE DRIVE NE, #44~~
~~ST. PETERSBURG, FL 33701~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5 BARBARA TRAPP ☒ Change ☐ Addition
2000 Country Club Road North
St. Petersburg, FL 33710

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
~~RISTORCELLI, TARIA~~
~~6250 25TH AVENUE NORTH~~
~~ST. PETERSBURG, FL 33710~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T KINGSBURY, PATTY ☒ Change ☐ Addition
14434 TANGLEWOOD DRIVE
LARGO, FL 33774

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 *Danica Melotte Kingsbury*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 04/04/05 727-596-6409
Daytime Phone #