


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90046 042 \*\*\*\*61.25

<b>DOCUMENT # N04000006791</b>	
1. Entity Name <b>SUNCOAST QUILTING CIRCLE, INC.</b>	

Principal Place of Business <b>6646 1ST AVE, SOUTH SAINT PETERSBURG, FL 33707</b>	Mailing Address <b>P.O. BOX 47764 ST. PETERSBURG, FL 33743</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03222007 Chg-NP CR2E037 (12/06)

4. FEI Number <b><del>60-3664853</del> 59-2562601</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>RUSSIN, TRACY 3723 59TH ST N, # 6 ST. PETERSBURG, FL 33710</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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HINK, GEORGIA 7100 BEACH PLAZA ST. PETERSBURG BEACH, FL 33706 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HAMIL, JOYCE 1107 59TH ST, SOUTH GULF PORT, FL 33707 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TRAPP, BARBARA 2000 COUNTRY CLUB RD, N SAINT PETERSBURG, FL 33710 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RUSSIN, TRACY 3723 59TH ST N, # 6 SAINT PETERSBURG, FL 33710 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GALLOWAY, ETHEL 6830 12TH AVE, N ST. PETERBURG, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PATTY KINGSBURY 14434 TANGLEWOOD DR. LARGO, FL 33774 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:**  **3-30-2007 727-374-2206**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



OMB Clearance No.: 1545-0123

OGDEN UT 84201-0034

ATTACHMENT

45061135

#NO-4000006791

In reply refer to: 0426029618  
Apr. 19, 2006 LTR 3875C 0  
59-2562601 200512 02 000

32058

BODC: SB

SUNCOAST QUILTING CIRCLE INC  
PO BOX 47764  
ST PETERSBURG FL 33743



17088

Taxpayer Identification Number: 59-2562601  
Form: 1120  
Tax Period: Dec. 31, 2005

Dear Taxpayer:

We received your return referenced above under taxpayer identification number (TIN) 59-3664853. Our records show you were assigned TIN 59-2562601 so we are processing your return using that TIN. You should file using that TIN for any future filings.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include a copy of this letter and, in the spaces below, provide us with a telephone number with the hours we can reach you. Also, you should keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

*Marlene Waters*

Marlene Waters  
Dept. Manager, Input Corrections

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