


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90033 050 ****61.25

DOCUMENT # N04000006791
 1. Entity Name
SUNCOAST QUILTING CIRCLE, INC.



40013825

Principal Place of Business
 6646 1ST AVE, SOUTH
 SAINT PETERSBURG, FL 33707

Mailing Address
 P.O. BOX 47764
 ST. PETERSBURG, FL 33743



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01092008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2562601

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
RUSSIN, TRACY
 3723 59TH ST N, # 6
 ST. PETERSBURG, FL 33710

7. Name and Address of New Registered Agent
 Name
JANET RICHARDS
 Street Address (P.O. Box Number is Not Acceptable)
6621 BLUE HERON DR S.
 City
ST. PETE FL Zip Code
33707

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 *Janet Richards* DATE **1/26/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 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

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KINGSBURY, PATTY	
STREET ADDRESS	14434 TANGLEWOOD DR	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HAMIL, JOYCE	
STREET ADDRESS	1107 59TH ST, SOUTH	
CITY-ST-ZIP	GULF PORT, FL 33707	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TRAPP, BARBARA	
STREET ADDRESS	2000 COUNTRY CLUB RD, N	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RUSSIN, TRACY	
STREET ADDRESS	3723 59TH ST N, # 6	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710	
TITLE	S	<input checked="" type="checkbox"/> Delete S
NAME	GALLOWAY, ETHEL	
STREET ADDRESS	6830 12TH AVE, N	
CITY-ST-ZIP	ST. PETERBURG, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA TRAPP	
STREET ADDRESS	2000 COUNTRY CLUB RD, N	
CITY-ST-ZIP		
TITLE	V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTA DALKE	
STREET ADDRESS	1023 13 TH ST, N.	
CITY-ST-ZIP	ST. PETE, FL 33705	
TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRGINIA SWANSON	
STREET ADDRESS	1440 89 TH AV, N.	
CITY-ST-ZIP	ST. PETE, FL 33702	
	PRESIDENT	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANET RICHARDS	
STREET ADDRESS	6621 BLUE HERON DR, S	
CITY-ST-ZIP	ST. PETE, FL 33707	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARILYN GRIFFIN	
STREET ADDRESS	529 59TH WAY S.	
CITY-ST-ZIP	ST. PETE, FL 33707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Virginia Swanson (President)* Date: **1-26-08 (121) 576-8333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR