2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# N04000008547

Entity Name: AMELIA ISLAND QUILT GUILD, INC.

Current Principal Place of Business:

201 JEAN LAFITTE AVE
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

PO BOX 6464
FERNANDINA BEACH, FL 32035

New Mailing Address:

PO BOX 6464
FERNANDINA BEACH, FL 32034

FEI Number: 52-2445781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INSERRA, SHERI ALQ
2201 CAPTAIN KIDD DR
FERNANDINA BEACH, FL 32035 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: P ( ) Delete
Name: WISE, PAM
Address: 405 PORTSIDE DR
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: T ( ) Delete
Name: EAGEN, MARY
Address: 2102 TAURUS CT
City-St-Zip: FERNANDINA BEACH, FL

Title: VP ( ) Delete
Name: POLESE, MIKE
Address: 861747 N HAMPTON CLUB WAY
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: SEC ( ) Delete
Name: RUSS, CHARLENE
Address: 498 CROSSWIND DR
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: WILSON, MARJORIE
Address: 1568 PARK LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

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 exemption stated 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 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: MARJORIE WILSON T 01/30/2009

Electronic Signature of Signing Officer or Director — Date