

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007851

FILED
Apr 12, 2009
Secretary of State

Entity Name: NATIONAL QUETTES, INC.

Current Principal Place of Business:

812 SWEETWATER CLUB BLVD
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 915115
LONGWOOD, FL 32791

New Mailing Address:

FEI Number: 33-1141198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, FLORENCE
812 SWEETWATER CLUB BLVD
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

ALEXANDER, FLORENCE DR
812 SWEETWATER CLUB BLVD
LONGWOOD, FL 32779 US

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: DR. FLORENCE ALEXANDER

04/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LACY, LILLIE
Address: 6318 HEATHERBLOOM
City-St-Zip: HOUSTON, TX 77085

Title: S/TR () Delete
Name: ALEXANDER, FLORENCE
Address: P.O. BOX 915115
City-St-Zip: LONGWOOD, FL 32791

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S/TR (X) Change () Addition
Name: ALEXANDER, FLORENCE DR
Address: P.O. BOX 915115
City-St-Zip: LONGWOOD, FL 32791

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: DR. FLORENCE ALEXANDER

SR

04/12/2009

Electronic Signature of Signing Officer or Director

Date