

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001027

FILED
Sep 03, 2008
Secretary of State

Entity Name: MARTIN COUNTY QUILTERS INC

Current Principal Place of Business:

2149 S.E. VAN KLEFF AVE
PORT ST LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

2149 S.E. VAN KLEFF AVE
PORT ST LUCIE, FL 34952 US

New Mailing Address:

MARTIN COUNTY QUILTERS
PO BOX 862
HOBE SOUND, FL 33475

FEI Number: 61-1522535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FAIR, MICHELLE R
2149 S.E. VAN KLEFF AVE
PORT ST LUCIE, FL 34952 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: JENNEY, KRISTY
Address: 106 1ST TERRACE
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: VP () Delete
Name: FAIR, MICHELLE R
Address: 2149 S.E. VAN KLEFF AVE
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: S () Delete
Name: APPELGADE, GAYLE
Address: 3727 S.W. BRASSIE WAY
City-St-Zip: PALM CITY, FL 34990 US

Title: T () Delete
Name: RIES, CAROLYNN
Address: 4970 S.E. HANSON CR
City-St-Zip: STUART, FL 34997 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JENNEY, KRISTY
Address: 5586 SE MATOUSEK ST
City-St-Zip: STUART, FL 34994 US

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

Title: S (X) Change () Addition
Name: POST, PAM
Address: 8674 SE JARDIN ST
City-St-Zip: HOBE SOUND, FL 33455 US

Title: T (X) Change () Addition
Name: KOCH, JACKIE
Address: 3544 SW QUAIL MEADOW TR
City-St-Zip: PALM CITY, FL 34990 US

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: MICHELLE R FAIR

VP

09/03/2008

Electronic Signature of Signing Officer or Director

Date