2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# N07809

Entity Name: QUILTERS WORKSHOP OF TAMPA BAY, INC.

Current Principal Place of Business:

13112 GREENGAGE LANE
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10782
TAMPA, FL 33679

New Mailing Address:

FEI Number: 59-2497314 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POPE, SHIRLEY MS
13112 GREENGAGE LANE
TAMPA, FL 33612 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:	PD	( ) Delete
Name:	POPE, SHIRLEY	
Address:	13112 GREENGAGE LANE	
City-St-Zip:	TAMPA, FL 33612	
Title:	VD	( ) Delete
Name:	ZINKOSKY, TAMMY	
Address:	6109 S RUSSELL ST	
City-St-Zip:	TAMPA, FL 33611	
Title:	SD	( ) Delete
Name:	LAYTON, MARCIA	
Address:	4516 S LOIS AVE	
City-St-Zip:	TAMPA, FL 33611	
Title:	TD	( ) Delete
Name:	MAHONEY, MARY	
Address:	1304 S PINE LAKE DR	
City-St-Zip:	TAMPA, FL 33612	
Title:	PD	( ) Delete
Name:	BEITLER, TERRY	
Address:	2109 W SOUTHVIEW AVE	
City-St-Zip:	TAMPA, FL 33606	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	MAHONEY, MARY	
Address:	1304 S. PINE LAKE DR	
City-St-Zip:	TAMPA, FL 33612	
Title:	TD	(X) Change ( ) Addition
Name:	LIBBY, DELILAH	
Address:	806 S. MACDILL AVE	
City-St-Zip:	TAMPA, FL 33609	
Title:	PD	(X) Change ( ) Addition
Name:	MCMURREY, BECKY	
Address:	3404 ROSEVILLE CT	
City-St-Zip:	TAMPA, FL 33618	

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: DELILAH LIBBY TRES 04/15/2008

Electronic Signature of Signing Officer or Director — Date