2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# N25903

Entity Name: QUILTFEST, INC. OF JACKSONVILLE, FLORIDA

Current Principal Place of Business:

1705 THIRD AVE NORTH
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

1705 THIRD AVE NORTH
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

FEI Number: 59-2936093 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LLOYD, NANCY
1705 THIRD AVE NORTH
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

LLOYD, NANCY G
1705 THIRD AVE NORTH
JACKSONVILLE BEACH, FL 32250 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: NANCY G. LLOYD 04/21/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALLEN, CAROLYN
Address: 2747 VIA BAYA
City-St-Zip: JACKSONVILLE, FL 32223

Title: V ( ) Delete
Name: REITER, MAUREEN
Address: 4045 SABEL DR.
City-St-Zip: JACKSONVILLE, FL 32277

Title: S ( ) Delete
Name: MINTON, KATHY
Address: 3510 SHINNECOCK LANE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: T ( ) Delete
Name: LLOYD, NANCY
Address: 1705 THIRD AVE NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: C ( ) Delete
Name: GALLOWAY, GAIL
Address: 1586 WATERS EDGE DRIVE
City-St-Zip: ORANGE PARK, FL 32033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: T (X) Change ( ) Addition
Name: LLOYD, NANCY G
Address: 1705 THIRD AVE NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: NANCY G. LLOYD T 04/21/2008
Electronic Signature of Signing Officer or Director Date