2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25903

FILED Apr 19, 2009 Secretary of State

Entity Name: QUILTFEST, INC. OF JACKSONVILLE, FLORIDA

Current Principal Place of Business: New Principal Place of Business:

1705 THIRD AVE NORTH 2204 FOURAKER ROAD

JACKSONVILLE BEACH, FL 32250 US JACKSONVILLE, FL 32210 US

Current Mailing Address: New Mailing Address:

1705 THIRD AVE NORTH 2204 FOURAKER ROAD

JACKSONVILLE BEACH, FL 32250 US JACKSONVILLE, FL 32210 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LLOYD, NANCY G
PATAKI, PATRICIA A
1705 THIRD AVE NORTH
2204 FOURAKER ROAD

JACKSONVILLE BEACH, FL 32250 US JACKSONVILLE, FL 32210 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: PATRICIA A PATAKI 04/19/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change() Addition

Name: ALLEN, CAROLYN Name: GALLOWAY, GAIL
Address: 2747 VIA BAYA Address: 1586 WATERS EDGE DRIVE

City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: ORANGE PARK, FL 320033

Title: V () Delete Title: V (X) Change () Addition

Name: REITER, MAUREEN Name: GRAHAM, LYNN
Address: 4045 SABEL DR. Address: 1750 BELMONTE AVENUE

City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: JACKSONVILLE, FL 32207

Title: S () Delete Title: S (X) Change () Addition Name: MINTON, KATHY Name: WOODS, RONDA

Address: 3510 SHINNECOCK LANE Address: 590 CHARLES CARROL STREET

City-St-Zip: GREEN COVE SPRINGS, FL 32043 City-St-Zip: ORANGE PARK, FL 32073

Title: T () Delete Title: T (X) Change () Addition
Name: LLOYD, NANCY G Name: PATAKI, PATRICIA A

 Address:
 1705 THIRD AVE NORTH
 Address:
 2204 FOURAKER ROAD

 City-St-Zip:
 JACKSONVILLE BEACH, FL 32250
 City-St-Zip:
 JACKSONVILLE, FL 32210

Title: C () Delete Title: C (X) Change () Addition

 Name:
 GALLOWAY, GAIL
 Name:
 ALLEN, CAROLYN

 Address:
 1586 WATERS EDGE DRIVE
 Address:
 2747 VIA BAYA LANE

 City-St-Zip:
 ORANGE PARK, FL 32033
 City-St-Zip:
 JACKSONVILLE, FL 32223

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: PATRICIA A PATAKI T 04/19/2009