FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 15 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42150 (5)

1. Corporation Name

Q.U.I.L.T., QUILTERS UNITED IN LEARNING & TEACHI NG, INC.

Principal Place of Business	Mailing Address
P.O. BOX 23445 JACKSONVILLE FL 32241-0445	P.O. BOX 23445 JACKSONVILLE FL 32241-0445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1991
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-3043541 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SIMONEAUX, JACQUELINE
1036 NICHOLSON RD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	T ☒ Change ☐ Addition
NAME	WALKER, GAY S	1.2 NAME	
STREET ADDRESS	4228 WEATHERWOOD E DR	1.3 STREET ADDRESS	Elfriede Echt 5347 Swaying Oaks Ct.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, Fl. 32258
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BARKER, ANN	2.2 NAME	
STREET ADDRESS	569 SARATOGA ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	YOUNG, NELDA	3.2 NAME	
STREET ADDRESS	3615 RIVER HALL DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MALESKY, SUNNIE	4.2 NAME	
STREET ADDRESS	13061 MANDARIN ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	☒ Change ☐ Addition
NAME	HOWARD, EMMIE	5.2 NAME	P
STREET ADDRESS	3913 OAK ST.	5.3 STREET ADDRESS	Simoneneaux, Jacqueline 1036 Nicholson Rd.
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Jacksonville, Fl. 32207
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	DAVID, BETTY L	6.2 NAME	
STREET ADDRESS	5201 ATLANTIC BLVD APT 249	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elfriede Echt Elfriede Echt 3-6-95 904-262-9383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020278