

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N92000000225 (4)

1. Corporation Name

SPACE COAST QUILTERS, INCORPORATED

Principal Place of Business

Mailing Address

PO BOX 3225
TITUSVILLE FL 32780-3225

PO BOX 3225
TITUSVILLE FL 32780-3225

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 PO Box 2996
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Titusville, FL

24 Zip

25 Country

29 32780-2996

30 BREVARD

9. Name and Address of Current Registered Agent

LAMPKIN, JOAN
710 VENETIAN WAY
MERRITT ISLAND FL 32953

3. Date Incorporated or Qualified

11/12/1992

4. FEI Number

59-3180562

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	RATHBUN, BARBARA	2755 NEW FOUND HARBOR DR.	MERRITT ISLAND FL	<input checked="" type="checkbox"/>
VD	SPRINGER, JOAN	4775 LONGBOW DR.	TITUSVILLE FL	<input checked="" type="checkbox"/>
SD	WIDICK, PAT	1413 TURNESA DR.	TITUSVILLE FL	<input type="checkbox"/>
TD	TEELE, WYLENE	4015 CENTER ST.	MIMS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
B	JOAN LAMPKIN	710 Venetian Way	Merritt Island, FL 32953	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	MARJORIE MAKQUIS	717 Indian River Drive	COCOA, FL 32922	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 12 1998 407-267-1489

FILED
Aug 19 1998 8:00am
Secretary of State



CR2E037 (5/98)