


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90051 032 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N92000000225</b>					
1. Corporation Name <b>SPACE COAST QUILTERS, INCORPORATED</b>					
Principal Place of Business PO BOX <del>2996</del> <b>2996</b> TITUSVILLE FL <del>32780-3225</del> <b>32781-2996</b>			Mailing Address P O BOX 2996 TITUSVILLE FL 32780-3996 US <b>32781-2996</b>		



2. Principal Place of Business 21 <b>1st Baptist Church</b>		2a. Mailing Address 26 <b>P.O. Box 2996</b>		3. Date Incorporated or Qualified <b>11/12/1992</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-3180562</b>	
22		27		Applied For Not Applicable	
City & State 23 <b>Titusville, FL</b>		City & State 28 <b>Titusville, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>32780</b>		Zip 29 <b>32781</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25 <b>BREVARD</b>		Country 30 <b>BREVARD</b>			

9. Name and Address of Current Registered Agent <b>LAMPKIN, JOAN</b> <b>710 VENETIAN WAY</b> <b>MERRITT ISLAND FL 32953</b>				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				85 Zip Code <b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAMPKIN, JOAN</b>	1.2 NAME	
STREET ADDRESS	<b>710 VENETIAN WAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32953</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARQUIS, MARJORIE</b>	2.2 NAME	
STREET ADDRESS	<b>717 INDIAN RIVER DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA FL 32922</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WIDICK, PAT</b>	3.2 NAME	
STREET ADDRESS	<b>1413 TURNESA DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TEELE, WYLENE</b>	4.2 NAME	
STREET ADDRESS	<b>4015 CENTER ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIMS FL 32754</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: WYLENE TEELE **NOT RECORDED** **JAN 25 1999** **407-2671489**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #