


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N92000000225</b> 1. Entity Name <b>SPACE COAST QUILTERS, INCORPORATED</b>	
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Principal Place of Business <b>1ST BAPTIST CHURCH PO BOX 2996 TITUSVILLE, FL 32781-2996</b>	Mailing Address <b>P O BOX 2996 TITUSVILLE, FL 32781 US</b>
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01052007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3180562</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>RAMSEY, CONNIE 5320 LOVETT DR MERRITT ISLAND, FL 32953</b>
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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U00000601875  
01/26/07-80067-010 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAMSEY, CONNIE 5320 LOVETT DR MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD COINER, CALLEEN 5140 KIRKWOOD TRL TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BIEDINGER, JULIA 203 COACH CLUB DR TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CIERLAK, JOANN 794 FLORENCIA CIR TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Jo Ann Cierlak* **JO ANN CIERLAK** *1/30/07* **(321)  
383-9297**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #