


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90055 049 \*\*\*\*61.25

<b>DOCUMENT # N92000000225</b> 1. Entity Name <b>SPACE COAST QUILTERS, INCORPORATED</b>					
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>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>RAMSEY, CONNIE 5320 LOVETT DR MERRITT ISLAND, FL 32953</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RAMSEY, CONNIE 5320 LOVETT DR MERRITT ISLAND, FL 32953</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D Rose Palek 4065 Hood Ave Titusville, FL 32780</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD COINER, CALLEEN 5140 KIRKWOOD TRL TITUSVILLE, FL 32780</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD JEAN Guise 410 Highland Terr Titusville, FL 32796</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BIEDINGER, JULIA 203 COACH CLUB DR TITUSVILLE, FL 32780</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD PAT Widick 1413 Turnesa DR Titusville, FL 32780</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD CIERLAK, JOANN 794 FLORENCIA CIR TITUSVILLE, FL 32780</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD Frances Crosby 2645 GATOR Trail Titusville, FL 32780</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Ann Giles 6115 Barne Ave Titusville FL 32780</b>
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.					
<b>SIGNATURE:</b> <i>Rose Palek</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>01/16/2008</i> Daytime Phone #: <i>321-262-7513</i>		

Rose Palek