

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000225

FILED
Jan 20, 2009
Secretary of State

Entity Name: SPACE COAST QUILTERS, INCORPORATED

Current Principal Place of Business:

1ST BAPTIST CHURCH
PO BOX 2996
TITUSVILLE, FL 327812996

New Principal Place of Business:

1ST BAPTIST CHURCH
303 MAIN STREET
TITUSVILLE, FL 32796

Current Mailing Address:

P O BOX 2996
TITUSVILLE, FL 32781 US

New Mailing Address:

4065 HOOD AVENUE
TITUSVILLE, FL 32780

FEI Number: 59-3180562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMSEY, CONNIE
5320 LOVETT DR
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

PALEK, ROSE PRES
4065 HOOD AVE.
TITUSVILLE, FL 32780 US

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.

SIGNATURE: ROSE PALEK

01/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RALEK, ROSE
Address: 4065 HOOD AVE
City-St-Zip: TITUSVILLE, FL 32780

Title: VD () Delete
Name: GUISE, JEAN
Address: 410 HIGHLAND TERR
City-St-Zip: TITUSVILLE, FL 32796

Title: SD () Delete
Name: WIDICK, PAT
Address: 1413 TURNESSEA DR
City-St-Zip: TITUSVILLE, FL 32780

Title: TD () Delete
Name: CROSBY, FRANCES
Address: 2645 GATOR TRL
City-St-Zip: TITUSVILLE, FL 32780

Title: VD () Delete
Name: GILES, ANN
Address: 6115 BARNA AVE
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSE PALEK

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

Date