


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90021 032 ****61.25

DOCUMENT # N94000001958 1. Entity Name QUILTERS UNLIMITED OF TALLAHASSEE, INC.					
Principal Place of Business 2397 PORTER MITCHELL RD QUINCY, FL 32352			Mailing Address PO BOX 4324 TALLAHASSEE, FL 32315		
2. Principal Place of Business - No P.O. Box # Timberlane Church of Christ Suite, Apt. #, etc. 3569 Timberlane School Rd		3. Mailing Address Suite, Apt. #, etc. City & State Tallahassee, FL			
City & State Tallahassee, FL		City & State 		4. FEI Number 59-3585077	
Zip 32309		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MITCHELL, MARTHA 2397 PORTER MITCHELL RD QUINCY, FL 32352			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;"> FL Zip Code </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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE ME Mitchell <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> 01-15-2008 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARR, DOROTHY		NAME		
STREET ADDRESS	7311 HOLLIS ST		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAGERS, MICHELLE		NAME		
STREET ADDRESS	3737 FORSYTHE WAY		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILDENBERGER, VICKIE		NAME		
STREET ADDRESS	4241 ROCKINGHAM RD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINDQUIST, LINDA		NAME		
STREET ADDRESS	7026 KENRIDGE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Martha Mitchell		NAME		
STREET ADDRESS	2397 Porter Mitchell Rd		STREET ADDRESS		
CITY-ST-ZIP	Quincy, FL 32352		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Wendy Stone		NAME		
STREET ADDRESS	1827 Chardonnay Pl		STREET ADDRESS		
CITY-ST-ZIP	Tallahassee, FL 32317		CITY-ST-ZIP		
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: ME Mitchell <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <div> 1-15-08 <small>Date</small> </div> <div> 574-8800 <small>Daytime Phone #</small> </div> </div>		