

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Feb 14 1997 8:00am
Secretary of State

DOCUMENT # N96000002397 (5)

1. Corporation Name

SUNSHINE STATE QUILTERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3734 SARAH BROOK COURT
JACKSONVILLE FL 322773734 SARAH BROOK COURT
JACKSONVILLE FL 32277-9731

3. Date Incorporated or Qualified

04/29/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees

Zip Country Zip Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUNNINGHAM, MARILYN
3734 SARAH BROOK COURT
JACKSONVILLE FL 32277

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE

NAME CUNNINGHAM, MARILYN
STREET ADDRESS 3734 SARAH BROOK COURT
CITY-ST-ZIP JACKSONVILLE FL 32277

1.1 TITLE Change Addition

NAME CUNNINGHAM, MARILYN

STREET ADDRESS 3734 SARAH BROOK COURT

CITY-ST-ZIP JACKSONVILLE FL 32277

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D DELETE

NAME ROOKS, SUSAN
STREET ADDRESS 4210 CORDGRASS INLET DRIVE
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

2.1 TITLE Change Addition

NAME ROOKS, SUSAN

STREET ADDRESS 4210 CORDGRASS INLET DRIVE

CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D DELETE

NAME INGRAM, MARION
STREET ADDRESS 3128 TOWNSEND BOULEVARD
CITY-ST-ZIP JACKSONVILLE FL 32277

3.1 TITLE Change Addition

NAME INGRAM, MARION

STREET ADDRESS 3128 TOWNSEND BOULEVARD

CITY-ST-ZIP JACKSONVILLE FL 32277

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D DELETE

NAME MURRAY, SUSIE
STREET ADDRESS 858 S.E. STAFFORD DRIVE
CITY-ST-ZIP STUART FL 34996

4.1 TITLE Change Addition

NAME MURRAY, SUSIE

STREET ADDRESS 858 S.E. STAFFORD DRIVE

CITY-ST-ZIP STUART FL 34996

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE D DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Susan Rooks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 904-223-3639

CR2E037 (9/96)