

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N96000002397 (5)**

1. Corporation Name

SUNSHINE STATE QUILTERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3734 SARAH BROOK COURT
JACKSONVILLE FL 32277**

**3734 SARAH BROOK COURT
JACKSONVILLE FL 32277**

3. Date Incorporated or Qualified

04/29/1996

4. FEI Number

59-3377096

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

Marilyn Cunningham

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 31, 1998

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**

TITLE **D** ☐ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE **D** ☐ DELETE

NAME **MURRAY, SUSIE**
STREET ADDRESS **858 S.E. STAFFORD DRIVE**
CITY-ST-ZIP **STUART FL 34998**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
GLENDIA ROWLEY
7312 NW 45 AVE.
COCONUT CREEK, FL. 33073-3135

14. I 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 **Susan Rooks** **5/08/98 (904) 233-3639**

CR2E037 (1097)