

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90065 005 \*\*\*\*61.25

**DOCUMENT # N96000002397**

1. Entity Name  
**SUNSHINE STATE QUILTERS ASSOCIATION, INC.**



Principal Place of Business  
304 GROVE ISLE DR  
VERO BEACH, FL 32962

Mailing Address  
304 GROVE ISLE DR  
VERO BEACH, FL 32962

2. Principal Place of Business  
**1072 GRIZZLY CT**  
Suite, Apt. #, etc.

3. Mailing Address  
**1072 GRIZZLY CT**  
Suite, Apt. #, etc.

City & State  
**APOPKA FL**

City & State  
**APOPKA, FL**

Zip  
**32712-3059**

Country  
**ORANGE**

Zip  
**32712-3059**

Country  
**ORANGE**

04192004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3377096**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LESTER, PATRICIA L**  
304 GROVE ISLE CIR  
VERO BEACH, FL 32962-8501

7. Name and Address of New Registered Agent

Name **LINDA KOESTEL**  
Street Address (P.O. Box Number is Not Acceptable)  
**1072 GRIZZLY CT**  
City **APOPKA** FL Zip Code **32712-3059**

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 **Linda A. Koestel**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/20/04**

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **LESTER, PAT**  
STREET ADDRESS **304 GROVE ISLE CIR, APT B4**  
CITY-ST-ZIP **VERO BEACH, FL 329628501**

TITLE **D** ☐ Delete  
NAME **CALLINAN, ARTHA**  
STREET ADDRESS **1773 OWASCO STREET**  
CITY-ST-ZIP **WINTER SPRINGS, FL 327085614**

TITLE **D** ☒ Delete  
NAME **HOUGH, SARAH**  
STREET ADDRESS **3100 COUNTRY CLUB DR**  
CITY-ST-ZIP **LYNN HAVEN, FL 324445112**

TITLE **D** ☐ Delete  
NAME **VALCANTE, BECKY**  
STREET ADDRESS **6110 NW 31ST TERRACE**  
CITY-ST-ZIP **GAINESVILLE, FL 326531785**

TITLE **D** ☐ Delete  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

TITLE **D** ☐ Delete  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **LINDA KOESTEL, LINDA A.**  
STREET ADDRESS **1072 GRIZZLY CT**  
CITY-ST-ZIP **APOPKA, FL 32712-3059**

TITLE **D** ☐ Change ☐ Addition  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

TITLE **D** ☐ Change ☒ Addition  
NAME **GULKIS, SUE**  
STREET ADDRESS **2522 PRETTY BAYOU ISLAND DR,**  
CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE **D** ☐ Change ☒ Addition  
NAME **MURPHEY, HELEN**  
STREET ADDRESS **440 S. WOODLANDS DR**  
CITY-ST-ZIP **OLDSMAR, FL 34677**

TITLE **D** ☐ Change ☒ Addition  
NAME **McVAUGH, JUDY**  
STREET ADDRESS **2674 W. AXELWOOD DR**  
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

TITLE **D** ☐ Change ☐ Addition  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

12. 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 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: **Linda A. Koestel** **LINDA A. KOESTEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/04**

Date

**407-880-1126**

Daytime Phone #