

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002397

FILED  
Jul 09, 2005  
Secretary of State

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

**Current Principal Place of Business:**

1072 GRIZZLY CT.  
APOPKA, FL 327123059

**New Principal Place of Business:**

**Current Mailing Address:**

1072 GRIZZLY CT.  
APOPKA, FL 327123059

**New Mailing Address:**

**FEI Number:** 59-3377096      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KOESTEL, LINDA  
1072 GRIZZLY CT.  
APOPKA, FL 327123059 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KOESTEL, LINDA A  
Address: 1072 GRIZZLY CT.  
City-St-Zip: APOPKA, FL 327123059

Title: D ( ) Delete  
Name: CALLINAN, ARTHA  
Address: 1773 OWASCO STREET  
City-St-Zip: WINTER SPRINGS, FL 327085614

Title: D ( ) Delete  
Name: GULKIS, SUE  
Address: 2522 PRETTY BAYOU ISALND DR.  
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete  
Name: VALCANTE, BECKY  
Address: 6110 NW 31ST TERRACE  
City-St-Zip: GAINESVILLE, FL 326531785

Title: D ( ) Delete  
Name: MURPHEY, HELEN  
Address: 440 S WOODLANDS DR.  
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete  
Name: MCVAUGH, JUDY  
Address: 2674 W AXELWOOD DR.  
City-St-Zip: BEVERLY HILLS, FL 34465

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LINDA A KOESTEL

D

07/09/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date