

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000002397**

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



Principal Place of Business  
**1072 GRIZZLY CT.  
APOPKA, FL 32712-3059**

Mailing Address  
**1072 GRIZZLY CT.  
APOPKA, FL 32712-3059**



02102007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-3377096**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**KOESTEL, LINDA  
1072 GRIZZLY CT.  
APOPKA, FL 32712-3059**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	KOESTEL, LINDA A TREASUR
STREET ADDRESS	1072 GRIZZLY CT.
CITY-ST-ZIP	APOPKA, FL 327123059
TITLE	D
NAME	HAWKS, DORI PRESIDE
STREET ADDRESS	4260 SE SWEETWOOD WAY
CITY-ST-ZIP	STUART, FL 34997
TITLE	D
NAME	HESS, ELIZABETH V PRES
STREET ADDRESS	7611 S ORANGE BLOSSOM TRAIL #137
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	D
NAME	JOHNSON, VERONA R SECT
STREET ADDRESS	1321 MIRROR TERRACE NW
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	D
NAME	GULKIS, SUE C SECT
STREET ADDRESS	2522 PRETTY BAYOU ISLAND DR
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000636220  
02/26/07-80008-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Linda A. Koestel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/07 407-880-1176

5630

Daytime Phone #