2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# N96000002397

Entity Name: SUNSHINE STATE QUILTERS ASSOCIATION, INC.

Current Principal Place of Business:

455 TRAILS END DRIVE
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 542270
MERRITT ISLAND, FL 32954 US

New Mailing Address:

FEI Number: 59-3377096 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, DIANE W
455 TRAILS END DRIVE
MERRITT ISLAND, FL 32954 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: SMITH, DIANE W TREAS
Address: 455 TRAILS END DRIVE
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: D ( ) Delete
Name: HAWKS, DORI PRES
Address: 4260 SE SWEETWOOD WAY
City-St-Zip: STUART, FL 34997 US

Title: D ( ) Delete
Name: LAFRANCE, DEBBIE MBRSHP
Address: 1815 ERNEST STREET
City-St-Zip: KISSIMMEE, FL 34741 US

Title: D ( ) Delete
Name: JOHNSON, VERONA R SECT
Address: 1321 MIRROR TERRACE NW
City-St-Zip: WINTER HAVEN, FL 33881

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DIANE W. SMITH TREA 03/29/2009

Electronic Signature of Signing Officer or Director — Date