2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2009
Secretary of State

DOCUMENT# N97000006414

Entity Name: FLORIDA KEYS QUILTERS, INCORPORATED

Current Principal Place of Business:

171 HOOD AVE.
TAVERNIER, FL 33070

New Principal Place of Business:

Current Mailing Address:

PO BOX 2781
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 65-0145318 **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:

WILKINSON, MARY LOU
38 E BEACH RD
TAVERNIER, FL 33070 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: VPD ( ) Delete
Name: STELZNER, JENNY
Address: 134 BESSIE RD.
City-St-Zip: TAVERNIER, FL 33070

Title: TREA ( ) Delete
Name: SLEDD, TONIA
Address: 62 SUNSET RD.
City-St-Zip: KEY LARGO, FL 33037

Title: P ( ) Delete
Name: WILKINSON, MARY LOU
Address: 38 E BEACH RD
City-St-Zip: TAVERNIER, FL 33070

Title: SEC ( ) Delete
Name: SCOTT, LOUISE
Address: 420 S. COCONUT PALM
City-St-Zip: TAVERNIER, FL 33070

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: TONIA SLEDD TRES 05/20/2009
Electronic Signature of Signing Officer or Director — Date