2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 30, 2006 8:00 am **Secretary of State** DOCUMENT # N9900003414 Entity Name 03-30-2006 90022 043 ****61.25 CREATIVE QUILTERS OF CITRUS COUNTY, INC. Principal Place of Business P O BOX 726 P O BOX 726 LECANTO FL 34460-0726 2. Principal Place of Business PD Boy 2455 1st MOORE CR2E037 (10/05) City & State Applied For 59-3589257 omosassa Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required trus 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, BETTY J 7 GRAYTWIG CT W HOMOSASSA FL 34446 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 negistered agent. SIGNATURE _/ FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. THEF Delete TITLE Change Addition Reisner, Sue SARGENT, PATI MAME NAME 4 Gloxinias C+ STREET ADDRESS 775 W. LIBERTY ST STREET ADDRESS Homosassa, Fl 34446 CITY-ST-ZIP HERNANDO FL 34442 CITY-ST-7IP Delete 5mith Berly Jane ☐ Change ☐ Addition SMITH, BETTY J NAME NAME 7 Gray twin Ctw 7 GRAYTWIG CT W STREET ADDRESS STREET ADDRESS Homosassa, F1 34446 CITY-ST-ZIP HOMOSASSA FL 34446 CITY-ST-ZIP Patsy Jenkins Patsy Jenkins 1740 N. Squirrwl Tree Ave Delete TITLE Change TITLE Addition NAME REISNER, SUE NAME STREET ADDRESS 4 GLOXINIAS CT STREET ADDRESS CITY-ST-ZIP HOMOSASSA FL 34446 CITY-ST-ZIP Lecanto Fl 34461 ☐ Delete Change **⊠**(Addition Addie Atkinson 4624 w Phoenix Dr. NAME NAME STREET ADDRESS STREET ADDRESS Beverly Hills, F1 34465 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attackingent with an address, with all other like empowered.

SIGNATURE:

Betty Jane Smith

FILED