

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003414

FILED  
Jan 12, 2012  
Secretary of State

**Entity Name:** CREATIVE QUILTERS OF CITRUS COUNTY, INC.

**Current Principal Place of Business:**

9870 WEST FORT ISLAND TRAIL  
CRYSTAL RIVER, FL 34429

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2455  
HOMOSASSA, FL 344472455

**New Mailing Address:**

P O BOX 2455  
HOMOSASSA, FL 34447

**FEI Number:** 59-3589257

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUTLER, VERONICA M  
17 ELDER CT EAST  
HOMOSASSA, FL 34446 US

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

TUXBURY, JOANNE L  
4 STOKESIA COURT  
HOMOSASSA, FL 34446 US

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: JOANNE TUXBURY

01/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WEHNER, EDIE  
Address: 477 LANDING BLVD.  
City-St-Zip: INVERNESS, FL 34450

Title: TRES  
Name: TUXBURY, JOANNE L  
Address: 4 STOKESIA COURT  
City-St-Zip: HOMOSASSA, FL 34446

Title: SEC.  
Name: NEVINS, PHYLLIS  
Address: 3702 EMMA JANE TERRACE  
City-St-Zip: HOMOSASSA, FL 34448

Title: VP  
Name: WEST, CANDACE  
Address: 12360 SOUTH PLEASANT GROVE ROAD  
City-St-Zip: FLORAL CITY, FL 34436

I hereby 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 all other like empowered.

SIGNATURE: JOANNE TUXBURY

TRES

01/12/2012

Electronic Signature of Signing Officer or Director

Date