

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000005082

Entity Name: COASTAL QUILTERS, INC.**Current Principal Place of Business:**SATELLITE BEACH CIVIC AUDITORIUM
565 CASSIA BLVD.
SATELLITE BEACH, FL 32937**Current Mailing Address:**3455 FORT NELSON LANE
MELBOURNE, FL 32934 US**FEI Number:** 83-1133439**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TYLER, CLAIRE
3525 MANASSAS AVE.
MELBOURNE, FL 32934 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	HALFORD, SUSAN
Address	3455 FORT NELSON LANE
City-State-Zip:	MELBOURNE FL 32934

Title	TREASURER
Name	TYLER, CLAIRE R
Address	3525 MANASSAS AVE.
City-State-Zip:	MELBOURNE FL 32934

Title	VP-1
Name	DYER, MARY
Address	835 CARAMBOLA DRIVE
City-State-Zip:	MERRITT ISLAND FL 32952

Title	VP-2
Name	SHEPARD, GAIL
Address	402 PINE STREET
City-State-Zip:	SEBASTIAN FL 32958

Title	SECRETARY
Name	VAN PELT, KATHY
Address	370 CARISSA COURT
City-State-Zip:	SATELLITE BEACH FL 32937

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: CLAIRE R TYLER

TREASURER

01/23/2020

Electronic Signature of Signing Officer/Director Detail_____
Date