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FILED

Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32636 (5)

1. Corporation Name

SUFOALL WOMEN CLUB INC.



Principal Place of Business

Mailing Address

PO BOX 555924
ORLANDO FL 32855
USSUFOALL WOMEN CLUB, INC.
P.O. BOX 555924
ORLANDO FL 32855-5924
US3. Date Incorporated or Qualified
06/01/19893a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3014902

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVANS, ETHEL
4632 SLAVIA DR.
ORLANDO FL 32809

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	EVANS, ELAINE G.	
STREET ADDRESS	5121 PICIDILLY CIRCUS CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	☐ DELETE
NAME	EVANS, ETHEL	
STREET ADDRESS	4632 SALVIA DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DM	☐ DELETE
NAME	SPIKE, MARY L	
STREET ADDRESS	4823 EDMEE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	☐ DELETE
NAME	FIKES, VERONICA	
STREET ADDRESS	1614 W HOLDEN AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	☐ DELETE
NAME	PEYTON, BETTYE	
STREET ADDRESS	1315 N HIWASSEE RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	MONTGOMERY, THELMA L.	
STREET ADDRESS	912 S GOLDWYNE AVE	
CITY-ST-ZIP	ORLANDO FL	

1.1 TITLE	PD	☐ Change ☐ Addition
1.2 NAME	LAURETHA BURTON	
1.3 STREET ADDRESS	2173 LISTON CT.	
1.4 CITY-ST-ZIP	ORLANDO FL 32811	
2.1 TITLE	VD	☐ Change ☐ Addition
2.2 NAME	MONTGOMERY, THELMA L.	
2.3 STREET ADDRESS	912 S GOLDWYNE AVE	
2.4 CITY-ST-ZIP	ORLANDO	
3.1 TITLE	SD	☐ Change ☐ Addition
3.2 NAME	SMITH, MURIEL	
3.3 STREET ADDRESS	5660 PENDLETON DR.	
3.4 CITY-ST-ZIP	ORLANDO	
4.1 TITLE	TD	☐ Change ☐ Addition
4.2 NAME	WADE, CATHERINE	
4.3 STREET ADDRESS	992 ST GEORGE STREET	
4.4 CITY-ST-ZIP	ORLANDO	
5.1 TITLE	DM	☐ Change ☐ Addition
5.2 NAME	SPIKE, MARY L.	
5.3 STREET ADDRESS	4823 EDMEE CIRCLE	
5.4 CITY-ST-ZIP	ORLANDO FL	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lauretha Burton President 2-25-97 407-4258284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0018001

CR2E037 (9/96)