FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735273 (5)

1. Corporation Name
QUOTA CLUB OF ORLANDO, FLORIDA, INC.

Principal Place of Business	Mailing Address
229 KITTERY LANE APOPKA FL 32703-5126	229 KITTERY LANE APOPKA FL 32703-5126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1976
3a. Date of Last Report: 05/23/1994
4. FEI Number: 59-6177439 ☐ 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 Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

BROWN, ANNE
229 KITTERY LANE
APOPKA FL 32703

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	SJODIN, OLIVE	1.2 NAME		
STREET ADDRESS	3104 HARRISON AVE, #32E	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	32804	
TITLE	D	2.1 TITLE	V/D	☐ Change ☒ Addition
NAME	BROWN, ANNE	2.2 NAME		
STREET ADDRESS	229 KITTERY LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	32703	
TITLE	T	3.1 TITLE	S/D	☐ Change ☒ Addition
NAME	BRIGGS, LOREN	3.2 NAME	BRIGGS, LOREEN E.	
STREET ADDRESS	30648 VITEX AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL	3.4 CITY-ST-ZIP	32726	
TITLE	S	4.1 TITLE	D	☒ Change ☐ Addition
NAME	MIER, ELEANOR	4.2 NAME	WILLIAMS, MARY ANN	
STREET ADDRESS	1138-C JAMAJO BLVD	4.3 STREET ADDRESS	119 LAKE DRIVE	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	DEBARY, FL. 32713	
TITLE	DP	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BLAKE, MARILYN	5.2 NAME	CRIQUI, BARBARA	
STREET ADDRESS	1619 MORNINGSIDE DR	5.3 STREET ADDRESS	5436 SPRING RUN AVE.	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	ORLANDO, FL. 32819	
TITLE	D	6.1 TITLE	T/D	☐ Change ☒ Addition
NAME	ALLEN, HELEN	6.2 NAME		
STREET ADDRESS	6745 OSCEOLA DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	MT DORA FL	6.4 CITY-ST-ZIP	32757	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Loreen E. Briggs LOREEN E. BRIGGS - 4/18/95 - 904/357-0319
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

600033