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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 735273 (5)

1. Corporation Name

QUOTA CLUB OF ORLANDO, FLORIDA, INC.



Principal Place of Business

Mailing Address

**229 KITTEERY LANE
APOPKA FL 32703-5126**

**229 KITTEERY LANE
APOPKA FL 32703-5126**

3. Date Incorporated or Qualified
03/15/1976

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, ANNE
229 KITTEERY LANE
APOPKA FL 32703**

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 ☐ DELETE
NAME **PD**
STREET ADDRESS **SJODIN, OLIVE**
CITY-ST-ZIP **3104 HARRISON AVE, #32E
ORLANDO FL 32804**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **VD**
1.3 STREET ADDRESS **Chaparral Mier**
1.4 CITY-ST-ZIP **1138-C Ponce de Leon Blvd.
Orlando, FL 32803**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **BROWN, ANNE**
CITY-ST-ZIP **229 KITTEERY LANE
APOPKA FL 32703**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **VD**
2.3 STREET ADDRESS **Marilyn Blake**
2.4 CITY-ST-ZIP **1620 Maplewood Ct.
Orlando, FL 32702**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **BRIGGS, LOREEN E**
CITY-ST-ZIP **30846 VITEK AVE
EUSTIS FL 32726**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **VD**
3.3 STREET ADDRESS **Catherine Greps**
3.4 CITY-ST-ZIP **1719 Taft Vineland Rd
Orlando, FL 32837**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **WILLIAMS, MARY A**
CITY-ST-ZIP **119 LAKE DRIVE
DEBARY FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **CRUQUIL, BARBARA**
CITY-ST-ZIP **5436 SPRING RUN AVENUE
ORLANDO FL 32819**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **ALLEN, HELEN**
CITY-ST-ZIP **6745 OSCEOLA DR
MT DORA FL 32757**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Helen R. Allen

Date

Daytime Phone #

4/27/96

CR2E037 (12/95)