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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:15

DOCUMENT # **746599** **(0)**

1. Corporation Name

QUOTA CLUB OF THE PALM BEACHES, FLORIDA, INC.

Principal Place of Business	Mailing Address
% MIRIAM MCILVAINE 1526 NORTH "J" TERRACE LAKE WORTH FL 33460-1613	% MIRIAM MCILVAINE 1526 NORTH "J" TERRACE LAKE WORTH FL 33460-1613

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/03/1979
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2047626 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCILVAINE,MIRIAM
1526 NORTH J TERRACE
LAKE WORTH FL 33460

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	FVP	1.1 TITLE	SD	☐ Change ☒ Addition
NAME	MCILVAINE, MIRIAM	1.2 NAME	BERG, BETTY	
STREET ADDRESS	1526 N. J TERRACE	1.3 STREET ADDRESS	359 VIA HERMOSA	
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL.	
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	SIMPSON, MARY	2.2 NAME		
STREET ADDRESS	4885 PARTZOLD RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	CLEMENT, IRENE	3.2 NAME		
STREET ADDRESS	1526 NORTH J TERRACE	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	WATSON, RHODA	4.2 NAME	WATSON, RHODA	
STREET ADDRESS	P O BOX 7971 NA	4.3 STREET ADDRESS	P.O.BOX 7971 NA	
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	JUPITER, FL.	
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	CAMERON, CALLIE	5.2 NAME		
STREET ADDRESS	417 PUTNAM RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	5.4 CITY-ST-ZIP		
TITLE	SVP	6.1 TITLE		☐ Change ☐ Addition
NAME	GREEN, DELORES	6.2 NAME		
STREET ADDRESS	1724-17TH LANE	6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL	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)(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: Callie Cameron 3/14/95 407-588-6637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CALLIE CAMERON

000007