

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90074 017 *****61.25

DOCUMENT # 753367

1. Entity Name

THE QUIN WOMENS CLUB, INC.



Principal Place of Business

1130 BROCK RD.
MONTICELLO FL 32344

Mailing Address

1130 BROCK RD
MONTICELLO FL 32344

2. Principal Place of Business

Quin' Women Club, Inc.

3. Mailing Address

1130 Brock, Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

Monticello, Fla.

City & State

Monticello, Fla.

4. FEI Number

59-3570230

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

32344

Country

JEFFERSON

Zip

32344

Country

JEFFERSON

6. Name and Address of Current Registered Agent

PARRISH, OLLIE DELL
1130 BROCK RD
MONTICELLO FL 32344

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PARRISH, OLLIE DELL
STREET ADDRESS 1130 BROCK RD
CITY-ST-ZIP MONTICELLO FL 32344

TITLE D ☐ Delete
NAME SEABROOKS, ESSIE M
STREET ADDRESS 243 BROCK RD
CITY-ST-ZIP MONTICELLO FL 32344

TITLE D ☐ Delete
NAME HERRING, ANN L
STREET ADDRESS PO BOX 451
CITY-ST-ZIP MONTICELLO FL 32344

TITLE S ☐ Delete
NAME SEABROOKS, JACQUELINE
STREET ADDRESS ROUTE 2 BOX 84F
CITY-ST-ZIP MONTICELLO FL 32344

TITLE S ☐ Delete
NAME JONES, OLLIE J
STREET ADDRESS ROUTE 2 BOX 40
CITY-ST-ZIP MONTICELLO FL 32344

TITLE T ☐ Delete
NAME CRUMITY, JUANITA M
STREET ADDRESS 1130 BROCK RD
CITY-ST-ZIP MONTICELLO FL 32344

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Change ☐ Addition
NAME Jones, Ollie J.
STREET ADDRESS 6158 Ashville Hwy.
CITY-ST-ZIP Monticello, Fla 32344

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ollie Dell Parrish - Director

01/21/06 850-9975621