

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90521 032 \*\*\*\*61.25

**DOCUMENT # 753367**

1. Entity Name

**THE QUIN WOMENS CLUB, INC.**



Principal Place of Business

RT. 2 BOX 49  
MONTICELLO FL 32344

Mailing Address

11130 BROCK RD  
MONTICELLO FL 32344

**30014619**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

1130 BROCK, Rd.

3. Mailing Address

1130 BROCK, Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Monticello, Fla.

City & State

City & State

Monticello

4. FEI Number **59-2144425**

☒ Applied For

☐ Not Applicable

Zip

Country

32344

JEFFERSON

Zip

Country

32344

JEFFERSON

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARRISH, OLLIE DELL

RT. 2 BOX 49 1130 BROCK, Rd.  
MONTICELLO FL 32344

Name

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

City

FL

Zip Code

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D  
STREET ADDRESS PARRISH, OLLIE DELL  
CITY-ST-ZIP RT. 2, BOX 49  
MONTICELLO FL 32344

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SEABROOKS, ESSIE M  
CITY-ST-ZIP RT. 2 BOX 43  
MONTICELLO FL 32344

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HERRING, ANN L  
CITY-ST-ZIP ROUTE 2 BOX 79  
MONTICELLO FL 32344

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

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

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

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

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS CRUMITY, JUANITA M  
CITY-ST-ZIP 1130 WEST 25TH STREET  
RIVIERA BEACH FL 33404

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 exemption stated in Section 119.07(3)(i), 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) 01/103 850-9975621

CR2E037 (10/02)