

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 768341**

1. Entity Name  
**QUOTA CLUB OF FORT LAUDERDALE, INC.**



Principal Place of Business

**DOLORES TAYLOR**  
**2501 PALM AIRE DR S #101**  
**POMPANO BEACH, FL 33069 US**

Mailing Address

**DOLORES TAYLOR**  
**2501 PALM AIRE DR S #101**  
**POMPANO BEACH, FL 33069 US**



01262007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**49-6157548**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, DOLORES R**  
**2501 PALM AIRE DR S #101**  
**POMPANO BEACH, FL 33069**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**JAYCOX, JOANNE**  
**2871 NW 2ND AVE**  
**POMPANO BEACH, FL 330643701**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S**  
**CONWAY, ELLIE**  
**3633 NE 23RD AVE**  
**FORT LAUDERDALE, FL 333086230**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V**  
**DITTMAR, ELIZABETH**  
**1490 NE 57TH CT**  
**FT. LAUDERDALE, FL 33334**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1VP**  
**TAYLOR, DOLORES**  
**2501 PALM AIRE DR S #101**  
**FT. LAUDERDALE, FL 33069**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**DELGADO, EMILY**  
**2304 N.W. 3RD AVE**  
**WILTON MANORS, FL 33311**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**MORRIS, SHEILA**  
**2200 NW 4TH AVE**  
**WILTON MANORS, FL 33311**

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01/31/07-80007-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Sheila Morris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/25/07 954-364-8566*