

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768341

FILED
May 06, 2008
Secretary of State

Entity Name: QUOTA CLUB OF FORT LAUDERDALE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 49-6157548 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JAYCOX, JOANNE
Address: 2871 NW 2ND AVE
City-St-Zip: POMPANO BEACH, FL 330643701

Title: S () Delete
Name: CONWAY, ELLIE
Address: 3633 NE 23RD AVE
City-St-Zip: FORT LAUDERDALE, FL 333086230

Title: V () Delete
Name: DITTMAR, ELIZABETH
Address: 1490 NE 57TH CT
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: 1VP () Delete
Name: TAYLOR, DOLORES
Address: 2501 PALM AIRE DR S #101
City-St-Zip: FT. LAUDERDALE, FL 33069

Title: P () Delete
Name: DELGADO, EMILY
Address: 2304 N.W. 3RD AVE
City-St-Zip: WILTON MANORS, FL 33311

Title: T () Delete
Name: MORRIS, SHEILA
Address: 2200 NW 4TH AVE
City-St-Zip: WILTON MANORS, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: MCCRATER, EMILY
Address: 2508 NW 6 AVENUE
City-St-Zip: WILTON MANORS, FL 33311

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEILA MORRIS

TREA

05/06/2008

Electronic Signature of Signing Officer or Director

Date