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 MAR -7 PM 1:49

DOCUMENT # N32636 (5)

1. Corporation Name
SUFOALL WOMEN CLUB INC.

Principal Place of Business	Mailing Address
P.O. BOX 555924 ORLANDO FL 32855	SUFOALL WOMEN CLUB, INC. P.O. BOX 555924 ORLANDO FL 32855-5924 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1989
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-3014902 ☐ 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

EVANS, ETHEL
4632 SLAVIA DR.
ORLANDO FL 32809

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 hereby accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Ethel M Evans 3-3-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE PD	Elaine G. Evans	☒ Change ☐ Addition
NAME	WADE, CATHERINE R	1.2 NAME		
STREET ADDRESS	992 ST. GEORGE ST	1.3 STREET ADDRESS	5121 Piccadilly Circus Ct.	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, Fla. 32839	
TITLE	VD	2.1 TITLE VD	Veronica Fikes	☒ Change ☐ Addition
NAME	EVANS, ETHEL	2.2 NAME		
STREET ADDRESS	4632 SALVIA DRIVE	2.3 STREET ADDRESS	6811 River oaks Dr	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlund, Fla. 32808	
TITLE	SD	3.1 TITLE TD	Ethel M. Evans	☒ Change ☐ Addition
NAME	SPIKE, MARY L	3.2 NAME		
STREET ADDRESS	4823 EDMEE CIRCLE	3.3 STREET ADDRESS	4632 Salvia Dr	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, Fla. 32839	
TITLE	TD	4.1 TITLE SD	Bettye Peyton	☒ Change ☐ Addition
NAME	OLIVER, ELDORE	4.2 NAME		
STREET ADDRESS	921 WOODEN BLVD.	4.3 STREET ADDRESS	1315 N. Hiawassee Rd	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando, Fla. 32818	
TITLE	DM	5.1 TITLE DM	Mary L Spikes	☒ Change ☐ Addition
NAME	MASSEY, EVIE	5.2 NAME		
STREET ADDRESS	4422 MERSHALL STREET	5.3 STREET ADDRESS	4823 Edmee Circle	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, Fla. 32822	
TITLE		6.1 TITLE D	Thelma L. Montgomery	☐ Change ☒ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS	912 S. Goldwyn Ave	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Orlando, Fla. 32805	

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: Ethel M Evans 3-3-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — [Daytime Phone #]

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