

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

2. Principal Place of Business

2a. Mailing Address

21 Orlando, Florida

26 Suite, Apt. #, etc.

22 P.O. Box 555924

27 City & State

23 Orlando, Fla.

28 Zip

24 32855

29 Country

30 Orange

3. Date Incorporated or Qualified
06/01/1989

3a. Date of Last Report
03/07/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVANS, ETHEL
4632 SLAVIA DR.
ORLANDO FL 32809

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 617.0502 and 617.1508, 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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Thelma L. Montgomery

(NOTE: Registered Agent signature required when reinstating)

DATE

April 15, 1996

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

DELETE

NAME

EVANS, ELAINE G.

STREET ADDRESS

5121 PICIDILLY CIRCUS CT

CITY - ST - ZIP

ORLANDO FL

TITLE

TD

DELETE

NAME

EVANS, ETHEL

STREET ADDRESS

4632 SALVA DRIVE

CITY - ST - ZIP

ORLANDO FL

TITLE

DM

DELETE

NAME

SPIKE, MARY L

STREET ADDRESS

4823 EDMEE CIRCLE

CITY - ST - ZIP

ORLANDO FL

TITLE

VD

DELETE

NAME

FIKES, VERONICA

STREET ADDRESS

6811 RIVER OAKS DR

CITY - ST - ZIP

ORLANDO FL

TITLE

SD

DELETE

NAME

PEYTON, BETTYE

STREET ADDRESS

1315 N HIWASSEE RD

CITY - ST - ZIP

ORLANDO FL

TITLE

D

DELETE

NAME

MONTGOMERY, THELMA L.

STREET ADDRESS

912 S GOLDWYNE AVE

CITY - ST - ZIP

ORLANDO FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

1614 W. Holden Ave

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)(k), 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:

Thelma L. Montgomery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 15, 1996

Daytime Phone #

407-293-7505

0035573

CR2E037 (12/95)