

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90007 001 ****61.25

DOCUMENT # N32636

1. Corporation Name

SUFOALL WOMEN CLUB INC.

Principal Place of Business

912 S. GOLDWYN AVE
ORLANDO FL 32805
US

Mailing Address

PO 555924
P.O. BOX 555924
ORLANDO FL 32855-5924
US



2. Principal Place of Business

21 912 S. Goldwyn Ave

2a. Mailing Address

26 P.O. Box 555924

3. Date Incorporated or Qualified

06/01/1989

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

City & State

23 Orlando Fla

City & State

28 Orlando Fl.

Zip

24 32805

Country

25 Orange

Zip

29 32855

Country

30 Orange

9. Name and Address of Current Registered Agent

THELMA L. MONTGOMERY
912 S. GOLDWYN AVE
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name Thelma L. Montgomery

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

83 912 S. Goldwyn Ave

84 City Orlando

FL

85 Zip Code

32805

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURTON, LAURETHA	
STREET ADDRESS	2173 LISTON CT	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MONTGOMERY, THELMA L.	
STREET ADDRESS	912 S. GOLDWYN AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SPIKES, MARY L.	
STREET ADDRESS	4823 EDMEE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, MURIEL	
STREET ADDRESS	5660 PENDLETON DR	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PEYTON, BETTYE	
STREET ADDRESS	1315 N HIWASSEE RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WADE, CATHERINE	
STREET ADDRESS	992 ST. GEORGE ST	
CITY-ST-ZIP	ORLANDO FL 32805	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.D. Lavretha Burton	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	2173 Liston Ct.	
1.3 STREET ADDRESS	Orlando, Fl. 32811	
1.4 CITY-ST-ZIP		
2.1 TITLE	VP. - Thelma L. Montgomery	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	912 S. Goldwyn Ave	
2.3 STREET ADDRESS	Orlando, Fl. 32805	
2.4 CITY-ST-ZIP		
3.1 TITLE	DM - Mary L Spikes	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	4823 Edmee Cir.	
3.3 STREET ADDRESS	Orlando, Fl. 328	
3.4 CITY-ST-ZIP		
4.1 TITLE	Muriel Smith	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	5660 Pendleton Dr.	
4.3 STREET ADDRESS	Orlando, Fl. 32839	
4.4 CITY-ST-ZIP		
5.1 TITLE	Betty Peyton	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	1315 Hiwassee Rd.	
5.3 STREET ADDRESS	Orlando, Fl. 32805	
5.4 CITY-ST-ZIP		
6.1 TITLE	Treasure Catherine Wade	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	992 St. George St.	
6.3 STREET ADDRESS	Orlando, Fl. 32805	
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4072937505

CR2E037 (5/99)