

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Sep 17, 1998 8:00 am  
Secretary of State

DOCUMENT # N32636 (5)

1. Corporation Name  
SUFOALL WOMEN CLUB INC.



Principal Place of Business  
PO BOX 555924  
ORLANDO FL 32855  
US

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

3. Date Incorporated or Qualified  
06/01/1989

4. FEI Number  
59-3014902

Applied For  
Not Applicable

2. Principal Place of Business  
Thelma L. Montgomery  
912 S. Goldwyn Ave  
Suite, Apt. #, etc.  
Orlando, Fla.  
City & State  
Zip 32805 Country Orange

2a. Mailing Address  
PO. 555924  
Suite, Apt. #, etc.  
City & State  
Orlando, Fla.  
Zip 32855 Country Orange

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

EVANS, ETHEL  
4632 SLAVIA DR.  
ORLANDO FL 32809

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 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 Thelma L. Montgomery 9/7/98  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	EVANS, ELAINE G.	5121 PICIDILLY CIRCUS CT	ORLANDO FL	<input checked="" type="checkbox"/>
TD	EVANS, ETHEL	4632 SALVIA DRIVE	ORLANDO FL	<input checked="" type="checkbox"/>
DM	SPIKE, MARY L	4823 EDMEE CIRCLE	ORLANDO FL	<input type="checkbox"/>
VD	FIKES, VERONICA	1614 W HOLDEN AVE	ORLANDO FL	<input checked="" type="checkbox"/>
SD	PEYTON, BETTYE	1315 N HIWASSEE RD	ORLANDO FL	<input type="checkbox"/>
D	MONTGOMERY, THELMA L	912 S GOLDWYNE AVE	ORLANDO FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PO	Lauretha Burton	2173 Liston Ct.	Orlando, Fl. 32811	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V.P.	Thelma L. Montgomery	912 S. Goldwyn Ave	Orlando, Fla.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
R. Sec	MARY L. Spices	4823 Edmee Cir.	Orlando, Fla.	<input type="checkbox"/>	<input type="checkbox"/>
F. Sec	Muriel Smith	5660 Pendleton Dr.	Orlando, Fla. 32839	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sac	Betty Peyton	1315 N. Hiwassee Rd	Orlando, Fla. 32805	<input type="checkbox"/>	<input type="checkbox"/>
Treas	CATHERINE WADE	992 St. George St.	Orlando, Fla. 32805	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.

SIGNATURE: Thelma L. Montgomery 7-15-98-407.293.7505  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)