FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Sep 12, 2001 8:00 am Secretary of State **DOCUMENT # N32636** 09-12-2001 90023 028 ****61.25 SUFOALL WOMEN CLUB INC. Mailing Address Principal Place of Business PO BOX 555924 THELMA MONTGOMERY 0111004479 ORLANDO FL 32855 912 S GOLDWYN AVE ORLANDO FL 32805 Mailing Address Principal Place of Busines DO NOT WRITE IN THIS SPACE Applied For State 4. FEI Number 59-3014902 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ---Name and Address of New Registered Agent Name and Address of Current Registered Agent ép(able) Box Number is Not MONTGOMERY, THELMA L 912 S. GOLDWYN AVE ORLANDO FL 32805 Zip Code 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees After September 12, 2001, min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. R. Wode Addition TITLE Delete TITLE **BURTON, LAURETHA** NAME NAME 2173 LISTON CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32811 TITLE VP Addition ☐ Delete TITLE MONTGOMERY, THELMA L. NAME NAME STREET ADDRESS STREET ADDRESS 912 S. GOLDWYN AVE 30865 CITY-ST-ZIP CITY-ST-ZIP=~ ORLANDO FL 32805 Addition DM ☐ Change Tipe ea Suy Name ☐ Delete TITLE SPIKES, MARY L. NAME STREET ADDRESS **4823 EDMEE CIRCLE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 328 TITLE Sect Addition ☐ Change **X** Delete TITLE SMITH, MURIEL NAME. NAME 5660 PENDLETON DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32839 CITY-ST-ZIP ☐ Change Addition NAME SOD SD ☐ Delete TITLE PEYTON, BETTYE NAME 1315 N HIWASSEE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32805 CITY-ST-ZIP Addition TD TITLE Change Delete FIS TITLE WADE, CATHERINE NAME NAME 992 ST. GEORGE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32805

12. 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 report or supplemental 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 407 293750