

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90007 021 ****61.25

DOCUMENT # N32636

1. Entity Name

SUFOALL WOMEN CLUB INC.



Principal Place of Business

912 S GOLDWYN AVE
ORLANDO FL 32805
US

Mailing Address

PO BOX 555924
ORLANDO FL 32855
US

34072222

2. Principal Place of Business

912 S. Goldwyn Ave. P.O. Box 555-924
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



MOORE

CR2E037 (4/04)

City & State

Orl. Fla.

City & State

Orl. Fla.

4. FEI Number

59-3014902

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Thelma Montgomery
Street Address (P.O. Box Number is Not Acceptable):
912 S. Goldwyn Ave
City: Orl. FL Zip Code: 32805

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	NAME	WADE, CATHERINE R	STREET ADDRESS	992 ST GEORGE ST.	CITY-ST-ZIP	ORLANDO FL 32805	<input type="checkbox"/> Delete
TITLE	VD	NAME	MONTGOMERY, THELMA L.	STREET ADDRESS	912 S. GOLDWYN AVE	CITY-ST-ZIP	ORLANDO FL 32805	<input type="checkbox"/> Delete
TITLE	DMT	NAME	SPIKES, MARY L.	STREET ADDRESS	4823 EDMEE CIRCLE	CITY-ST-ZIP	ORLANDO FL 328	<input type="checkbox"/> Delete
TITLE	S	NAME	EVANS, ETHEL	STREET ADDRESS	4632 SALVA DR.	CITY-ST-ZIP	ORLANDO FL 32839	<input type="checkbox"/> Delete
TITLE	SD	NAME	PEYTON, BETTY	STREET ADDRESS	1315 N HIWASSEE RD	CITY-ST-ZIP	ORLANDO FL 32805	<input type="checkbox"/> Delete
TITLE	FS	NAME	BROCEY, ROXIE ANN	STREET ADDRESS	3631 POMPANO CT.	CITY-ST-ZIP	ORLANDO FL 34734	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	NAME	Catherine R. Wade	STREET ADDRESS	992 St. George St.	CITY-ST-ZIP	Orlando, Fla. 32805	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD	NAME	Thelma Montgomery	STREET ADDRESS	912 S. Goldwyn Ave	CITY-ST-ZIP	Orlando, Fl. 32805	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME	Mary Spikes	STREET ADDRESS	4823 Edmee circle	CITY-ST-ZIP	Orlando, Fl. 32805	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME	Ethel Evans	STREET ADDRESS	4632 Salva Dr.	CITY-ST-ZIP	Orlando Fl. 32839	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME	Betty Peyton	STREET ADDRESS	1315 N. Hiwassee Rd.	CITY-ST-ZIP	Orlando, Fl. 32805	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME	Roxie A. Brocey	STREET ADDRESS	3631 pompano ct.	CITY-ST-ZIP	Orlando, Fla. 34734	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone#

Thelma Montgomery, 8/31/04