

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N32636	
1. Entity Name SUFOALL WOMEN CLUB INC.	



FILED

05 SEP 21 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 912 S GOLDWYN AVE ORLANDO FL 32805 US	Mailing Address PO BOX 555924 ORLANDO FL 32855 US
--	--

2. Principal Place of Business 912 S. Goldwyn Ave.	3. Mailing Address P.O. Box 555924
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Orl. Fla.	City & State Orlando, Fla.
Zip 32805	Country Orange
Zip 32805	Country Orange

4. FEI Number 59-3014902	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$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 Orlando 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 09/20/05--01006--022 **\$61.25
---	--	--

FILE NOW: FEE IS \$61.25 Due By September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	-----------------------------	--

10. PD OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WADE, CATHERINE R 992 ST GEORGE ST. ORLANDO FL 32805 VD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Wade, Catherine 992 St. George St. Orlando, Fl. 32805 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MONTGOMERY, THELMA L. 912 S. GOLDWYN AVE ORLANDO FL 32805 DMT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DMT Montgomery, Thelma 912 S. Goldwyn Ave Orlando, Fla. 32805 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPIKES, MARY L. 4823 EDMEE CIRCLE ORLANDO FL 328 S <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DMT Spikes, Mary L. 4833 Edmee Cir. Orlando, Fl. 32839 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVANS, ETHEL 4632 SALVA DR. ORLANDO FL 32839 SD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Evans, Ethel 4632 Salva Dr. Orlando, Fl. 32839 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PEYTON, BETTY 1315 N HIWASSEE RD ORLANDO FL 32805 FS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Peyton, Betty 1315 N. Hiwassee Dr. Orl. Fl. 32805 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROCEY, ROXIE ANN 3631 POMPANO CT. ORLANDO FL 34734 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS Burton, Lauretha 2173 Lister Ct. Orlando, Fla. 32811 <input type="checkbox"/> Change <input checked="" 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: Thelma L. Montgomery	8-10-05
------------------------------------	---------