


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 21, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N32636</b> 1. Entity Name <b>SUFOALL WOMEN CLUB INC.</b>	
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Principal Place of Business <b>912 S GOLDWYN AVE ORLANDO, FL 32805 US</b>	Mailing Address <b>PO BOX 555924 ORLANDO, FL 32855 US</b>
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**DO NOT WRITE IN THIS SPACE**



08182006 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3014902</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MONTGOMERY, THELMA L 912 S. GOLDWYN AVE ORLANDO, FL 32805</b>
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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

<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WADE, CATHERINE R 992 ST GEORGE ST. ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTGOMERY, THELMA L. 912 S. GOLDWYN AVE ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DMT SPIKES, MARY L. 4823 EDMEE CIRCLE ORLANDO, FL 328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EVANS, ETHEL 4632 SALVA DR. ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEYTON, BETTY 1315 N HIWASSEE RD ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS BURTON, LAURETHA 2173 LISTEN CT. ORLANDO, FL 32811

U00000574944  
08/22/06-80004-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Montgomery* 8-1-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #