

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90192 032 \*\*\*\*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



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

912 S. Goldwyn Ave  
Suite, Apt. #, etc.

Mailing Address

P.O. Box 555924  
Suite, Apt. #, etc.

City & State

Orlando, Fla

City & State

Orlando, Fla

4. FEI Number **59-3014902**

Applied For

Not Applicable

Zip

32805

Country

Orange

Zip

32855

Country

Orange

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: 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

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

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	<input type="checkbox"/> Delete
STREET ADDRESS			992 ST GEORGE ST.	
CITY-ST-ZIP			ORLANDO FL 32805	
TITLE	VD	NAME	MONTGOMERY, THELMA L	<input type="checkbox"/> Delete
STREET ADDRESS			912 S. GOLDWYN AVE	
CITY-ST-ZIP			ORLANDO FL 32805	
TITLE	DM	NAME	SPIKES, MARY L	<input type="checkbox"/> Delete
STREET ADDRESS			4823 EDMEE CIRCLE	
CITY-ST-ZIP			ORLANDO FL 328	
TITLE	S	NAME	EVANS, ETHEL	<input type="checkbox"/> Delete
STREET ADDRESS			4632 SALVA DR.	
CITY-ST-ZIP			ORLANDO FL	
TITLE	SD	NAME	PEYTON, BETTYE	<input type="checkbox"/> Delete
STREET ADDRESS			1315 N HIWASSEE RD	
CITY-ST-ZIP			ORLANDO FL 32805	
TITLE	F/S	NAME	BROCEY, ROXIE A	<input type="checkbox"/> Delete
STREET ADDRESS			3631 POMPAÑO CT.	
CITY-ST-ZIP			ORLANDO FL 34734	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	NAME	Catherine Wade	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			992 St. George St.	
CITY-ST-ZIP			Orl. Fla. 32805	
TITLE	VP	NAME	Montgomery, Thelma	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			912 S. Goldwyn Ave.	
CITY-ST-ZIP			Orlando, Fla. 32805	
TITLE	DM	NAME	Spikes, Mary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			4823 Edmee Circle	
CITY-ST-ZIP			Orlando, Fla.	
TITLE		NAME	Ethel Evans	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			4632 Salva Dr.	
CITY-ST-ZIP			Orl. Fla. 32839	
TITLE		NAME	Betty Peyton	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			1315 N. Hiwassee Rd.	
CITY-ST-ZIP			Orl. Fla. 32805	
TITLE		NAME	Roxie Ann Brocey	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			3631 Pompano Ct.	
CITY-ST-ZIP			Bethel Fla. 34734	

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 Montgomery 8/28/03 #293 7505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)