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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N44866** **(4)**

1. Corporation Name

ORLANDO BUSINESS & PROFESSIONAL WOMEN'S CLUB, IN C.

Principal Place of Business	Mailing Address
1228 BRIDLEBROOK DR CASSELBERRY FL 32707 US	PO BOX 180476 CASSELBERRY FL 32718 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1991
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-3077350 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 | 2a. Mailing Address 26
Suite, Apt. #, etc 22 | Suite, Apt. #, etc 27
City & State 23 | City & State 28
Zip 24 | Country 25 | Zip 29 | Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HUFF, SANDRA M. 1228 BRIDLEBROOK RD CASSELBERRY FL 32707	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	11 TITLE		☐ Change ☐ Addition
NAME	LADAN, ZELDA	12 NAME		
STREET ADDRESS	4653 TIFFANY WOODS CIR.	13 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL	14 CITY-ST-ZIP		
TITLE	DP	21 TITLE	DS	☒ Change ☐ Addition
NAME	HUFF, SANDRA M	22 NAME		
STREET ADDRESS	1228 BRIDLEBROOK RD	23 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	DV	☒ Change ☐ Addition
NAME	LEWIS, DOROTHY S	32 NAME	Sarah Butler	
STREET ADDRESS	2349 INAGUA WAY	33 STREET ADDRESS	3325 Calcutta Ave	
CITY-ST-ZIP	WINTER PARK FL	34 CITY-ST-ZIP	Orlando FL 32817	
TITLE	DT	41 TITLE	DP	☒ Change ☐ Addition
NAME	PRESLEY, SYLVIA C	42 NAME	Deborah Ryan	
STREET ADDRESS	2014 S CHICKASAW	43 STREET ADDRESS	682 Trinidad Ct	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		51 TITLE	DT	☐ Change ☒ Addition
NAME		52 NAME	Loretta Falbo	
STREET ADDRESS		53 STREET ADDRESS	7913 Sloop Place #103	
CITY-ST-ZIP		54 CITY-ST-ZIP	Orlando FL 32825	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra Huff 5/1/95 407-695-0067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000381