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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 9:13

DOCUMENT # 755108 (8)

1. Corporation Name

THE LADIES AUXILIARY OF SNPJ SUNCOAST LODGE #778 , INC.

Principal Place of Business	Mailing Address
13393 COUNTY LINE RD. BROOKSVILLE FL 34609 US	P.O. BOX 5852 SPRINGHILL FL 34606 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1980
3a. Date of Last Report: 01/20/1994
4. FEI Number: 36-3306798 ☐ Applied For ☐ Not Applicable
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 S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

LATIN, JOSEPHINE
7505 HOLIDAY DRIVE
SPRINGHILL FL 34606

10. Name and Address of New Registered Agent

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	PD	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	STRUKEL, MARY J.	1.2 NAME	LUZAR, ANN
STREET ADDRESS	4016 FLAMINGO BLVD	1.3 STREET ADDRESS	8508 HUNTSMAN LANE
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	PORT RICHEY FL 34668
TITLE	VD	2.1 TITLE	V/P ☐ Change ☐ Addition
NAME	LUZAR, ANN	2.2 NAME	THOMAS, MARGARET
STREET ADDRESS	7811 HAWTHORNE AVE	2.3 STREET ADDRESS	12499 HARKER ST.
CITY-ST-ZIP	PORT RICHEY FL	2.4 CITY-ST-ZIP	BROOKSVILLE, FL 34613
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	JURKOSHEK, ROSE	3.2 NAME	
STREET ADDRESS	844 CHATSWORTH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	LATIN, JOSEPHINE	4.2 NAME	
STREET ADDRESS	7505 HOLIDAY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	MAYER, JUSTINE	5.2 NAME	
STREET ADDRESS	P.O. BOX 94	5.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTON FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(i), 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: JOSEPHINE LATIN Josephine Latin 1-12-95 904-683-1739
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED BY CORPORATION OR DIRECTOR — Date — Daytime Phone #

0085760