FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **755108** **(8)**

1. Corporation Name

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

Principal Place of Business	Mailing Address
13383 COUNTY LINE RD. BROOKSVILLE FL 34609 US	P.O. BOX 5852 SPRINGHILL FL 34606 US

3. Date Incorporated or Qualified: **11/13/1980**
3a. Date of Last Report: **01/23/1995**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	LUZAR, ANN		12 NAME		
STREET ADDRESS	8508 HUNTSMAN LANE		13 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL 34668		14 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	THOMAS, MARGARET		22 NAME		
STREET ADDRESS	12499 HARKER ST		23 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL 34613		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	JURKOSHEK, ROSE		32 NAME		
STREET ADDRESS	844 CHATSWORTH ST		33 STREET ADDRESS	500001771775	
CITY-ST-ZIP	SPRING HILL FL		34 CITY-ST-ZIP	-04/08/96--01021--015	
TITLE	SD TD	☐ DELETE	41 TITLE	***61.25	☐ Change ☐ Addition
NAME	LATIN, JOSEPHINE		42 NAME		
STREET ADDRESS	7505 HOLIDAY DR		43 STREET ADDRESS		
CITY-ST-ZIP	SPRINGHILL FL		44 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	51 TITLE	D	☒ Change ☐ Addition
NAME	MAYER, JUSTINE		52 NAME	MARY ANN HILTZ	
STREET ADDRESS	P.O. BOX 94		53 STREET ADDRESS	9704 Springmeadow Dr	
CITY-ST-ZIP	MORRISTON FL		54 CITY-ST-ZIP	New Port Richey, Fl 34655	
TITLE	ANNE SOROS TD	☐ DELETE	61 TITLE		☐ Change ☒ Addition
NAME	7487 CANTERBURY		62 NAME		
STREET ADDRESS	SPRING HILL, FLA 34606		63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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: Anne Soros Tres. ANNE SOROS 2-18-96 352-688-1295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #