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FILED
Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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~~ 34611 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 34611 / Country 30

3. Date Incorporated or Qualified: 11/13/1980

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LUZAR, ANN		1.2 NAME		
STREET ADDRESS	8508 HUNTSMAN LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL 34668		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, MARGARET		2.2 NAME		
STREET ADDRESS	12499 HARKER ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL 34613		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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	☐ DELETE	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	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HILTZ, MARY ANN		5.2 NAME		
STREET ADDRESS	9704 SPRING MEADOW DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SOROS, ANNE		6.2 NAME		
STREET ADDRESS	7487 CANTERBURY		6.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34606		6.4 CITY-ST-ZIP		

14. 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 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 Title 2-9-98 1-352-688-1990

CR2E037 (10/97)