

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

SE MAY - 1 1996

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703666 (8)

1. Corporation Name

JUNIOR SOROSIS OF ORLANDO PHILANTHROPIC FUND, INC.

Principal Place of Business

Mailing Address

PHILANTHROPIC FUND INC
501 EAST LIVINGSTON STREET
ORLANDO FL 32803

PHILANTHROPIC FUND INC
501 EAST LIVINGSTON STREET
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1962

3a. Date of Last Report

05/24/1994

4. FBI Number

NOT APPLICABLE

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 560251

23 City & State

27 City & State

28 Orlando, FL

24 Zip

25 Country

29 Zip

30 Country

32956

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LERLEY, JAN
32806AURIE MACFARLANE
3028 BAYTREE DRIVE
APOPKA FL ORLAN

81 Name

Rhonda Efferon

82 Street Address (P.O. Box Number is Not Acceptable)

5106 Leeward Way

83

84 City

Orlando

FL

85 Zip Code

32809

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

Rhonda Efferon / Rhonda Efferon

4-20-95

(Signature must be printed name of registered agent and date of signature)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MACFARLANE, LAURIE
STREET ADDRESS	3028 BAYTREE DRIVE
CITY ST ZIP	ORLANDO FL
TITLE	VD
NAME	TAI, JANICE
STREET ADDRESS	5148 NADLEN STREET
CITY ST ZIP	ORLANDO FL
TITLE	SD
NAME	COLEBURN, SHANE
STREET ADDRESS	P. O. BOX 568457 N/A
CITY ST ZIP	ORLANDO FL
TITLE	TD
NAME	PERLEY, JAN
STREET ADDRESS	2812 E. MICHIGAN ST.
CITY ST ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	PD
12 NAME	Efferon, Rhonda
13 STREET ADDRESS	5106 Leeward Way
14 CITY ST ZIP	Orlando, FL 32809
21 TITLE	VD
22 NAME	Wiler, Jim
23 STREET ADDRESS	2526 Carter Grove Cr.
24 CITY ST ZIP	Windermere, FL 34786
31 TITLE	SD
32 NAME	Board Position Not Filled
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	TD
42 NAME	Deutchman, Jane
43 STREET ADDRESS	6104 Jeannine Ct
44 CITY ST ZIP	Orlando, FL 32807
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

☒ Change ☐ Addition
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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:

Janis X Lerley

(Signature and typed or printed name of signing officer or director)

4/20/95

(408) 896-8169