

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # 706457 (9)

1. Corporation Name:

SOROSIS CLUB OF ORANGE CITY FLORIDA, INC.

50 MAY -1 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 200 EAST UNIVERSITY AVENUE
P. O. BOX 740885
ORANGE CITY FL 32774-0885
US

Mailing Address: 200 EAST UNIVERSITY AVENUE
P. O. BOX 740885
ORANGE CITY FL 32774-0885
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified	3a. Date of Last Report
11/22/1963	05/01/1994
4. FEI Number	Applied For Not Applicable
59-6165113	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

9. Name and Address of Current Registered Agent

RYAN, ANISE
1305 E. LANSDOWNE AVENUE
ORANGE CITY FL 32763

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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title (Corporate) (Date) Registered agent signature required when constituting (Date)

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	WILLIAMS, LEE ANNE
STREET ADDRESS	1080 E. WISCONSIN AVE.
CITY ST ZIP	ORANGE CITY FL
TITLE	VD
NAME	GOYAK, MARY
STREET ADDRESS	924 W. FRENCH AVE.
CITY ST ZIP	ORANGE CITY, FL 00000
TITLE	PD
NAME	SACKETT, ALMA
STREET ADDRESS	930 N CARPENTER AVE
CITY ST ZIP	ORANGE CITY, FL 00000
TITLE	VD
NAME	WILSON, JANET
STREET ADDRESS	1590 LAUREL PARK CT
CITY ST ZIP	ORANGE CITY FL
TITLE	SD
NAME	TAPRELL, DEBBIE
STREET ADDRESS	787 GREENWOOD AVE.
CITY ST ZIP	ORANGE CITY FL 32763
TITLE	TD
NAME	MASSEY, ELLEE M
STREET ADDRESS	616 W PATLIN AVE
CITY ST ZIP	ORANGE CITY, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VD
23 STREET ADDRESS	MORRIS, ANN
24 CITY ST ZIP	145 SERENA Rd. DeBary, FL 32713
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	SD
53 STREET ADDRESS	CUATS, Darlene
54 CITY ST ZIP	530 W. Central Orange City, FL 32763
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(b), Florida Statutes. I further certify that the information indicated on the 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: *Ellee M. Massey* Ellee M. Massey 4/26/95 904-775-4953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)