

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 # 706457 (9)
1. Corporation Name
SOROSIS CLUB OF ORANGE CITY FLORIDA, INC.



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

3. Date Incorporated or Qualified 11/22/1963
3a. Date of Last Report 05/01/1995
4. FEI Number 59-6165113
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

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

9. Name and Address of Current Registered Agent
RYAN, ANISE
1305 E. LANSLOWNE 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, LEE ANNE	1 2 NAME	
STREET ADDRESS	1080 E. WISCONSIN AVE.	1 3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL	1 4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, ANN	2 2 NAME	
STREET ADDRESS	145 SERENA RD	2 3 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL	2 4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACKETT, ALMA	3 2 NAME	
STREET ADDRESS	930 N CARPENTER AVE	3 3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY, FL 00000	3 4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JANET	4 2 NAME	
STREET ADDRESS	1590 LAUREL PARK CT	4 3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL	4 4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5 1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTS, DARLENE	5 2 NAME	EVANS, CONNIE
STREET ADDRESS	530 W. CENTRAL	5 3 STREET ADDRESS	131 E. GARDENIA DR.
CITY-ST-ZIP	ORANGE CITY FL	5 4 CITY-ST-ZIP	Orange City, FL 32763
TITLE	TD <input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSEY, ELLEE M	6 2 NAME	
STREET ADDRESS	616 W PATLIN AVE	6 3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY, FL 00000	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)(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: Ellee M. Massey Sandra B. Mortham 4/30/96 904-775-4953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)