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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **706457** (9)
1. Corporation Name
SOROSIS CLUB OF ORANGE CITY FLORIDA, INC.



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
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3. Date Incorporated or Qualified 11/22/1963	3a. Date of Last Report 05/01/1996
4. FEI Number 59-6165113	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 Massey, Ellee 82 Street Address (P.O. Box Number is Not Acceptable) 616 W. Patlin Ave 83 84 City Orange City FL 85 Zip Code 32763
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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 **Ellee M. Massey / Director** **Ellee M. Massey** **4-27-97**
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 VD	<input checked="" type="checkbox"/> DELETE WILLIAMS, LEE ANNE 1080 E. WISCONSIN AVE. ORANGE CITY FL	1.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Zagnoli, Regina 605 Poinsettia Dr. Orange City, FL 32763
TITLE VD	<input checked="" type="checkbox"/> DELETE MORRIS, ANN 145 SERENA RD DEBARY FL	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition McCafferty, Cindy 930 Hamilton Ave Orange City, FL 32763
TITLE PD	<input type="checkbox"/> DELETE SACKETT, ALMA 930 N CARPENTER AVE ORANGE CITY, FL 00000	3.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	<input type="checkbox"/> DELETE WILSON, JANET 1590 LAUREL PARK CT ORANGE CITY FL	4.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	<input checked="" type="checkbox"/> DELETE EVANS, CONNIE 131 E GARDENIA DR ORANGE CITY FL	5.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Daniel, Cindylynn 223 W. Fern Dr. Orange City, FL 32763
TITLE TD	<input type="checkbox"/> DELETE MASSEY, ELLEE M 616 W PATLIN AVE ORANGE CITY, FL 00000	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: **Ellee M. Massey** **Ellee M. Massey T/D** **4-27-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **904-975 4953** **0014776**

CR2E037 (9/96)