

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>200 EAST UNIVERSITY AVENUE                  P. O. BOX 740885                  ORANGE CITY FL 32774-0885                  US</b>	Mailing Address <b>200 EAST UNIVERSITY AVENUE                  P. O. BOX 740885                  ORANGE CITY FL 32774-0885                  US</b>
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3. Date Incorporated or Qualified  
**11/22/1963**

4. FEI Number  
**59-6165113**

Applied For  
 Yes  Not Applicable

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

**MASSEY, ELLEE  
 618 W PATLIN AVE  
 ORANGE CITY FL 32763**

10. Name and Address of New Registered Agent

**61** Name  
**62** Street Address (P.O. Box Number is Not Acceptable)  
**63**  
**64** City **FL** **65** 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 NAME STREET ADDRESS CITY-ST-ZIP	VD ZAGNOLI, REGINA 605 POINSETTIA DR ORANGE CITY FL	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCAFFERTY, CINDY 930 HAMILTON AVE ORANGE CITY FL	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SACKETT, ALMA 930 N CARPENTER AVE ORANGE CITY, FL 00000	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, JANET 1590 LAUREL PARK CT ORANGE CITY FL	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DANIEL, CINDY LYNN 223 W FERN DR ORANGE CITY FL	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MASSEY, ELLEE M 618 W PATLIN AVE ORANGE CITY, FL 00000	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	448 E. University Ave
1.4 CITY-ST-ZIP	
2.1 TITLE	PD
2.2 NAME	
2.3 STREET ADDRESS	645 E. Iris Dr.
2.4 CITY-ST-ZIP	
3.1 TITLE	VD
3.2 NAME	McKethan, Patty
3.3 STREET ADDRESS	404 W. Dixon St.
3.4 CITY-ST-ZIP	Orange City, FL 32763
4.1 TITLE	VD
4.2 NAME	
4.3 STREET ADDRESS	840 TAPPAN CIR.
4.4 CITY-ST-ZIP	
5.1 TITLE	SD
5.2 NAME	Taylor, Joyce
5.3 STREET ADDRESS	461 S. Holly Ave
5.4 CITY-ST-ZIP	Orange City, FL 32763
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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: *E. Massey* **4-27-98** **904-775-4953**

CR2E037 (10/97)