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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706457

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/22/1963

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number
59-6165113

Applied For
Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23. Zip Country

28. Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASSEY, ELLEE
616 W PATLIN AVE
ORANGE CITY FL 32763

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

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 DELETE
NAME: ZAGNOLI, REGINA
STREET ADDRESS: 448 E UNIVERSITY AVE
CITY-ST-ZIP: ORANGE CITY FL

1.1 TITLE: SD Change Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP: 32763

TITLE: PD DELETE
NAME: MCCAFFERTY, CINDY
STREET ADDRESS: 645 E IRIS DR
CITY-ST-ZIP: ORANGE CITY FL

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP: 32763

TITLE: VD DELETE
NAME: MCKETHAN, P
STREET ADDRESS: 404 W DIXSON ST
CITY-ST-ZIP: ORANGE CITY FL 32763

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:

TITLE: VD DELETE
NAME: WILSON, JANET
STREET ADDRESS: 840 TAPPAN CIR
CITY-ST-ZIP: ORANGE CITY FL

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

TITLE: SD DELETE
NAME: TAYLOR, J
STREET ADDRESS: 461 S HOLLY AVE
CITY-ST-ZIP: ORANGE CITY FL 32763

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

TITLE: TD DELETE
NAME: MASSEY, ELLEE M
STREET ADDRESS: 616 W PATLIN AVE
CITY-ST-ZIP: ORANGE CITY, FL 00000

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP: 32763

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, with all other like empowered.

SIGNATURE: Ellee Massey *Ellee Massey* 4/28/99 904-775-4953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

545507-90044-25

Doc # 70647

New Officers

VP

Koonz, Sarah
1530 Cassadaga Rd.
Deland, Fl 32124

VP

Soyak, Mary
924 W. French Ave
Orange City, Fl. 32163