

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91769 012 ****61.25

DOCUMENT # 706457

1. Entity 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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6165113

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASSEY, ELLEE
616 W PATLIN AVE
ORANGE CITY FL 32763

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--------------------------------------------|
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | MARNA, PRATT | |
| STREET ADDRESS | 417 W. DIXON ST. | |
| CITY-ST-ZIP | ORANGE CITY FL 32763 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SOYAK, MARY | |
| STREET ADDRESS | 924 W FRENCH AVE | |
| CITY-ST-ZIP | ORANGE CITY FL 32763 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | MCKEITHAN, PATTY | |
| STREET ADDRESS | 404 W. DIXON ST. | |
| CITY-ST-ZIP | ORANGE CITY FL 32703 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | GENTRY, KIM | |
| STREET ADDRESS | 3098 YORKSHIRE DR | |
| CITY-ST-ZIP | DELTONA FL | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | SACKETT, ALMA | |
| STREET ADDRESS | 930 N. CARPENTER AVE. | |
| CITY-ST-ZIP | ORANGE CITY FL 32763 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MASSEY, ELLEE | |
| STREET ADDRESS | 616 W PATLIN AVE | |
| CITY-ST-ZIP | ORANGE CITY FL 32763 | |

| | | |
|----------------|-----------------------|------------------------------------------------------------------------------|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EVANS, Connie | |
| STREET ADDRESS | 1940 Bayport Dr, | |
| CITY-ST-ZIP | Deltona, FL 32738 | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOONZ, SARAH | |
| STREET ADDRESS | 1530 CASSADAGA RD. | |
| CITY-ST-ZIP | Deland, FL 32724 | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Booher, Danyse | |
| STREET ADDRESS | 1656 Park Ave | |
| CITY-ST-ZIP | Orange City, FL 32763 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-02 Date

386-775-4953 Daytime Phone #

CR2E037 (9/01)