

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91241 026 ****61.25

DOCUMENT # 706457

1. Entity 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

49061613



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6165113

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME MARNA, PRATT
 STREET ADDRESS 417 W. DIXON ST.
 CITY-ST-ZIP ORANGE CITY FL 32763

TITLE Change Addition
 NAME v/p Pratt, MARNA
 STREET ADDRESS 417 W. Dixon ST
 CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE VD Delete
 NAME SOYAK, MARY
 STREET ADDRESS 924 W FRENCH AVE
 CITY-ST-ZIP ORANGE CITY FL 32763

TITLE Change Addition
 NAME s/d Soyak, Mary
 STREET ADDRESS 924 W. French Ave
 CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE VD Delete
 NAME SEYMOUR, SHEILA
 STREET ADDRESS 2855 BELKTON CT
 CITY-ST-ZIP DELTONA FL 32738

TITLE Change Addition
 NAME p/d Seymour, Sheila
 STREET ADDRESS 2855 Belkton Ct.
 CITY-ST-ZIP DELTONA FL 32738

TITLE VD Delete
 NAME KOONZ, SARARH
 STREET ADDRESS 1580 CASSADAGE RD
 CITY-ST-ZIP DELAND FL 32724

TITLE Change Addition

TITLE SD Delete
 NAME BOOHER, DENYSE
 STREET ADDRESS 1656 PARK AVE
 CITY-ST-ZIP ORANGE CITY FL 32763

TITLE Change Addition
 NAME s/d Michelle, Perkins
 STREET ADDRESS 1595 Brown Ave
 CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE TD Delete
 NAME MASSEY, ELLEE
 STREET ADDRESS 616 W PATLIN AVE
 CITY-ST-ZIP ORANGE CITY FL 32763

TITLE Change Addition

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: Ellee M. Massey Ellee M. MASSEY - Treasurer - 4-29-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #