

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706457

FILED
Apr 20, 2005
Secretary of State

Entity Name: SOROSIS CLUB OF ORANGE CITY FLORIDA, INC.

Current Principal Place of Business:

200 EAST UNIVERSITY AVENUE
P. O. BOX 740885
ORANGE CITY, FL 327740885 US

New Principal Place of Business:

222 EAST UNIVERSITY AVENUE
P. O. BOX 740885
ORANGE CITY, FL 327740885 US

Current Mailing Address:

200 EAST UNIVERSITY AVENUE
P. O. BOX 740885
ORANGE CITY, FL 327740885 US

New Mailing Address:

P.O. BOX 740885
ORANGE CITY, FL 327740885 US

FEI Number: 59-6165113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASSEY, ELLEE
616 W PATLIN AVE
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

MASSEY, ELLEE M
616 W PATLIN AVE
ORANGE CITY, FL 32763 US

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: ELLEE M. MASSEY

04/20/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MARNA, PRATT
Address: 417 W. DIXON ST.
City-St-Zip: ORANGE CITY, FL 32763

Title: SD () Delete
Name: SOYAK, MARY
Address: 924 W FRENCH AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: PD () Delete
Name: SEYMOUR, SHEILA
Address: 2855 BELKTON CT
City-St-Zip: DELTONA, FL 32738

Title: VD () Delete
Name: KOONZ, SARARH
Address: 1580 CASSADAGE RD
City-St-Zip: DELAND, FL 32724

Title: SD () Delete
Name: PERKINS, MICHELLE
Address: 1595 BROWN AVE.
City-St-Zip: ORANGE CITY, FL 32763

Title: TD () Delete
Name: MASSEY, ELLEE
Address: 616 W PATLIN AVE
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEE M. MASSEY

TD

04/20/2005

Electronic Signature of Signing Officer or Director

Date