

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706457

FILED
Apr 29, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 M
616 W PATLIN AVE
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BERTRAND, JULIE
Address: 569 PEARL STREET
City-St-Zip: ORANGE CITY, FL 32763

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

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

Title: VP () Delete
Name: KOONZ, SARAH
Address: 267 NORTH PREVATT AVENUE
City-St-Zip: LAKE HELEN, FL 32744

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

Title: VP (X) Change () Addition
Name: SEYMOUR, SHEILA
Address: 2855 BELKTON CT
City-St-Zip: DELTONA, FL 32738

Title: VP (X) Change () Addition
Name: PRONOVOST, GINA
Address: 201 HORIZON RIDGE DRIVE
City-St-Zip: ORANGE CITY, FL 32763

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 exemption stated in Chapter 119, 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 MASSEY

TD

04/29/2009

Electronic Signature of Signing Officer or Director

Date