

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90156 024 ****61.25

DOCUMENT # 726280

1. Entity Name

SOROSIS OF ORLANDO, INC.



Principal Place of Business

**501 E LIVINGSTON ST
ORLANDO FL 32803-5616**

Mailing Address

**501 E LIVINGSTON ST
ORLANDO FL 32803-5616**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-0540538

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

**BARCO, SUSAN M
2320 HUNTINGTON GREENCOURT
ORLANDO FL 32839**

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, 2006**

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	<input checked="" type="checkbox"/> Delete
NAME	BARCO, SUSAN M	
STREET ADDRESS	2320 HUNTINGTON GREEN COURT	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SUAREZ, WINIFRED	
STREET ADDRESS	1511 LANDO LANE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BENNER, LEAH	
STREET ADDRESS	2940 NORTHWOOD BOULEVARD	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ERD, LINDA	
STREET ADDRESS	2015 SUMMERFIELD ROAD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DONLEY, MRS MARY	
STREET ADDRESS	2304 LAUDERDALE COURT	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAXWELL, MURIEL	
STREET ADDRESS	3226 CLEMWOOD DRIVE	
CITY-ST-ZIP	ORLANDO FL 32803	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDY L. O'NEILL	
STREET ADDRESS	3312 Debbie Drive	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDITH GRANT RODMAN	
STREET ADDRESS	7 S. Lawsons Blvd.	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA G. ERD	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEGGY KREPS	
STREET ADDRESS	2537 Vine Street	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE	VD	<input checked="" 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 exemptions contained in Section 119, 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: *Linda G. Erd*

LINDA G. ERD

4/26/06

407-644-6936