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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755108

1. Corporation Name

THE LADIES AUXILIARY OF SNPJ SUNCOAST LODGE #778
, INC.

Principal Place of Business

13383 COUNTY LINE RD.
BROOKSVILLE FL 34609
US

Mailing Address

P.O. BOX 5852
SPRINGHILL FL 34611
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/13/1980

4. FEI Number

36-3306798

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LATIN, JOSEPHINE
7505 HOLIDAY DRIVE
SPRINGHILL FL 34606

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME LUZAR, ANN
STREET ADDRESS 8508 HUNTSMAN LANE
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE VD ☐ DELETE
NAME THOMAS, MARGARET
STREET ADDRESS 12499 HARKER ST
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE D ☐ DELETE
NAME JURKOSHEK, ROSE
STREET ADDRESS 844 CHATSWORTH ST
CITY-ST-ZIP SPRING HILL FL

TITLE SD ☐ DELETE
NAME LATIN, JOSEPHINE
STREET ADDRESS 7505 HOLIDAY DR
CITY-ST-ZIP SPRINGHILL FL

TITLE D ☒ DELETE
NAME HILTZ, MARY ANN
STREET ADDRESS 9704 SPRING MEADOW DR
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE TD ☐ DELETE
NAME SOROS, ANNE
STREET ADDRESS 7487 CANTERBURY
CITY-ST-ZIP SPRING HILL FL 34606

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME WILMA STAUFFER
1.3 STREET ADDRESS 14308 Edgeknoll ST
1.4 CITY-ST-ZIP Brooksville, FL 34613

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME ELIZABETH A. KEDEB
5.3 STREET ADDRESS 196 OAK LAKE DR
5.4 CITY-ST-ZIP Spring Hill, FL 34608

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED SOROS JAMES D. 1727-372-0509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0071123

CR2E037 (11/98)