

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

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90050 039 \*\*\*\*61.25

**DOCUMENT # 755108**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

**NO-T APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LATIN, JOSEPHINE  
11053 BLYTHVILLE RD  
SPRINGHILL FL 34606**

7. Name and Address of New Registered Agent

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

TITLE PD  
NAME STAUFFER, WILMA  
STREET ADDRESS 14308 EDGEKNOLL ST  
CITY-ST-ZIP BROOKSVILLE FL 34613 ☐ Delete

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

TITLE SD  
NAME LATIN, JOSEPHINE  
STREET ADDRESS 11053 BLYTHVILLE RD  
CITY-ST-ZIP SPRING HILL FL 34608 ☐ Delete

TITLE D  
NAME KEBER, ELIZABETH A  
STREET ADDRESS 196 OAK LAKE DR  
CITY-ST-ZIP SPRING HILL FL 34608 ☐ Delete

TITLE TD  
NAME SOROS, ANNE  
STREET ADDRESS 8642 WOODBRIDGE DR  
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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, without other like empowered.

SIGNATURE:

*Anne Soros*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04

Date

727-372-0509

Daytime Phone #