


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

**FILED
Apr 13, 2005 08:00 AM
Secretary of State**

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



1st MOORE CR2E037 (10/04)

4. FEI Number NO-T APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LATIN, JOSEPHINE 11053 BLYTHVILLE RD SPRINGHILL FL 34606		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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STAUFFER, WILMA			NAME			
STREET ADDRESS	14308 EDGEKNOLL ST			STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL 34613			CITY-ST-ZIP	000000303250 04/13/05-80107-003 61.25		
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, MARGARET			NAME			
STREET ADDRESS	12499 HARKER ST			STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL 34613			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LATIN, JOSEPHINE			NAME			
STREET ADDRESS	11053 BLYTHVILLE RD			STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL FL 34608			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEBER, ELIZABETH A			NAME			
STREET ADDRESS	196 OAK LAKE DR			STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL FL 34608			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOROS, ANNE			NAME			
STREET ADDRESS	8642 WOODBRIDGE DR			STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34655			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Anne Soros, Treas. D* **4/9/05** **1-727-372-0509**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #