

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP 000000868837
04/09/08-80025-016 61.25

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ 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: ANNE SOROS Treas

3/19/08 727-372-0509