

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 12:16

DOCUMENT # **765128** (4)

1. Corporation Name

SOROSIS WOMAN'S CLUB OF AUBURDALE, INC.

Principal Place of Business

Mailing Address

% ANN W JAMES
115 PATTERSON DRIVE
AUBURDALE FL 33823

% ANN W JAMES
115 PATTERSON DRIVE
AUBURDALE FL 33823

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/03/1982

03/28/1994

4. FEI Number

59-2517363

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMES, ANN W
115 PATTERSON DRIVE
AUBURDALE FL 33823

01 Name

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

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	LASSEIGNE, LINDA
STREET ADDRESS	128 PATTERSON DR.
CITY - ST - ZIP	AUBURDALE FL
TITLE	VP Elaine
NAME	DIBENEDETTO, LEAINE Elaine
STREET ADDRESS	1228 KEYSTONE CT.
CITY - ST - ZIP	AUBURDALE FL
TITLE	VP
NAME	SIR, KAROL
STREET ADDRESS	2229 PALMVIEW CIR. EAST
CITY - ST - ZIP	AUBURDALE FL
TITLE	RSD
NAME	KALBFLEISCH, ALISON
STREET ADDRESS	2101 KIRKLAND LAKE DR.
CITY - ST - ZIP	AUBURDALE FL
TITLE	TD
NAME	BALDWIN, CAROL
STREET ADDRESS	372 RENSSALAER AVE.
CITY - ST - ZIP	AUBURDALE, FL 00000
TITLE	CSD
NAME	TARALLO, TERRY
STREET ADDRESS	915 LIBERTY LANE
CITY - ST - ZIP	AUBURDALE FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	NONE
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	NONE
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	NONE
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	NONE
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	NONE
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	NONE
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: Linda Lasseigne Linda Lasseigne

(Date)

4/5/95

(813) 967-5873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #