

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 765128 (4)

1. Corporation Name
SOROSIS WOMAN'S CLUB OF AUBURDALE, INC.



600001847586

-06/03/96--01030--001

***61.25

Principal Place of Business Mailing Address
**% ANN W JAMES
115 PATTERSON DRIVE
AUBURDALE FL 33823**

3. Date Incorporated or Qualified **09/03/1982** 3a. Date of Last Report **04/12/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2517363	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Country		Country			

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				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASSEIGNE, LINDA	1.2 NAME	Elaine DiBenedetto
STREET ADDRESS	126 PATTERSON DR.	1.3 STREET ADDRESS	4928 Lk. Juliana Reserve
CITY-ST-ZIP	AUBURDALE FL	1.4 CITY-ST-ZIP	Auburndale, FL 33823
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	1st Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIBENEDETTO, ELAINE	2.2 NAME	Allison Kalbfleisch
STREET ADDRESS	1228 KEYSTONE CT.	2.3 STREET ADDRESS	2101 Kirkland Lk. Dr.
CITY-ST-ZIP	AUBURDALE FL	2.4 CITY-ST-ZIP	Auburndale, FL 33823
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	2nd Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIR, KAROL	3.2 NAME	Patricia Tierney
STREET ADDRESS	2229 PALMVIEW CIR. EAST	3.3 STREET ADDRESS	302 Grimes Ave.
CITY-ST-ZIP	AUBURDALE FL	3.4 CITY-ST-ZIP	Auburndale, FL 33823
TITLE	RSD <input type="checkbox"/> DELETE	4.1 TITLE	Recording Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALBFLEISCH, ALISON	4.2 NAME	Pam Brewster
STREET ADDRESS	2101 KIRKLAND LAKE DR.	4.3 STREET ADDRESS	4924 Lk. Juliana Reserve
CITY-ST-ZIP	AUBURDALE FL	4.4 CITY-ST-ZIP	Auburndale, FL 33823
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	Corresponding Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, CAROL	5.2 NAME	Anne Calhoun
STREET ADDRESS	372 RENSSALAER AVE.	5.3 STREET ADDRESS	2030 Kirkland Road
CITY-ST-ZIP	AUBURDALE, FL 00000	5.4 CITY-ST-ZIP	Auburndale, FL 33823
TITLE	CSD <input type="checkbox"/> DELETE	6.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARALLO, TERRY	6.2 NAME	Carol Baldwin
STREET ADDRESS	915 LIBERTY LANE	6.3 STREET ADDRESS	129 Van Fleet Court
CITY-ST-ZIP	AUBURDALE FL	6.4 CITY-ST-ZIP	Auburndale, FL 33823

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 119.07(3)(k), 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: Carol Baldwin *Carol Baldwin* April 29, 1996 9419659659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Distinguishing #

CR2E037 (12/95)

6-2-96
ABC