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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765128 (4)
1. Corporation Name
SOROSIS WOMAN'S CLUB OF AUBURDALE, INC.



Principal Place of Business % ANN W JAMES 115 PATTERSON DRIVE AUBURDALE FL 33623	Mailing Address % ANN W JAMES 115 PATTERSON DRIVE AUBURDALE FL 33623-2323
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3. Date Incorporated or Qualified 09/03/1982	3a. Date of Last Report 06/02/1996
4. FEI Number 59-2517363	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

9. Name and Address of Current Registered Agent
**JAMES, ANN W
115 PATTERSON DRIVE
AUBURDALE FL 33823**

10. Name and Address of New Registered Agent

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

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		
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TIERNEY, PATRICIA	
STREET ADDRESS	302 GRIMES AVENUE	
CITY-ST-ZIP	AUBURDALE FL 33823	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DIBENEDETTO, ELAINE	
STREET ADDRESS	4928 LAKE JULIANA RESERVE	
CITY-ST-ZIP	AUBURDALE FL 33823	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SIR, KAROL	
STREET ADDRESS	2229 PALMVIEW CIR. EAST	
CITY-ST-ZIP	AUBURDALE FL	
TITLE	RSD	<input checked="" type="checkbox"/> DELETE
NAME	KALBFLEISCH, ALISON	
STREET ADDRESS	2101 KIRKLAND LAKE DR.	
CITY-ST-ZIP	AUBURDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BALDWIN, CAROL	
STREET ADDRESS	372 RENSSALAER AVE.	
CITY-ST-ZIP	AUBURDALE, FL 00000	
TITLE	CSD	<input checked="" type="checkbox"/> DELETE
NAME	TARALLO, TERRY	
STREET ADDRESS	915 LIBERTY LANE	
CITY-ST-ZIP	AUBURDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DiBenedetto, Elaine	
1.3 STREET ADDRESS	4928 Juliana Reserve Drive	
1.4 CITY-ST-ZIP	Auburndale, FL 33823	
2.1 TITLE	1st Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kalbfleisch, Allison	
2.3 STREET ADDRESS	2101 Kirkland Lake Drive	
2.4 CITY-ST-ZIP	Auburndale, FL 33823	
3.1 TITLE	2nd Vice President/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Tarallo, Terry	
3.3 STREET ADDRESS	114 Bergen Circle	
3.4 CITY-ST-ZIP	Auburndale, FL 33823	
4.1 TITLE	Recording Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Brester, Pam	
4.3 STREET ADDRESS	4888 Juliana Reserve Drive	
4.4 CITY-ST-ZIP	Auburndale, FL 33823	
5.1 TITLE	Treasurer/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Baldwin, Carol	
5.3 STREET ADDRESS	129 Van Fleet Court	
5.4 CITY-ST-ZIP	Auburndale, FL 33823	
6.1 TITLE	Corresponding Sec./D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Calhoun, Anne	
6.3 STREET ADDRESS	2030 Kirkland Road	
6.4 CITY-ST-ZIP	Auburndale, FL 33823	

14. I do 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 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 _____

CP2E037 (9/96)