


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>% ANN W JAMES 115 PATTERSON DRIVE AUBURDALE FL 33823</b>	Mailing Address <b>% ANN W JAMES 115 PATTERSON DRIVE AUBURDALE FL 33823</b>
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3. Date Incorporated or Qualified <b>09/03/1982</b>	
4. FEI Number <b>59-2517363</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Country
<b>24</b> Zip	<b>25</b> Country
<b>29</b> Zip	<b>30</b> 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**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>10000 2501031</b>	
<b>83</b> City & State <b>04/27/98 01010-033</b>	
<b>84</b> City	<b>85</b> Zip Code <b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRESTER, PAM</b>	1.2 NAME	<b>Hoelt, Kathy</b>
STREET ADDRESS	<b>4888 JULIANA RESERVE DR</b>	1.3 STREET ADDRESS	<b>561 Somerset Drive</b>
CITY-ST-ZIP	<b>AUBURDALE FL</b>	1.4 CITY-ST-ZIP	<b>Auburndale, FL 33823</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIBENEDETTO, ELAINE</b>	2.2 NAME	<b>Kalbfleisch, Allison</b>
STREET ADDRESS	<b>4928 LAKE JULIANA RESERVE</b>	2.3 STREET ADDRESS	<b>2101 Kirkland Lake Drive</b>
CITY-ST-ZIP	<b>AUBURDALE FL 33823</b>	2.4 CITY-ST-ZIP	<b>Auburndale, FL 33823</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIR, KAROL</b>	3.2 NAME	<b>James, Janet</b>
STREET ADDRESS	<b>2229 PALMVIEW CIR. EAST</b>	3.3 STREET ADDRESS	<b>901 Liberty Lane</b>
CITY-ST-ZIP	<b>AUBURDALE FL</b>	3.4 CITY-ST-ZIP	<b>Auburndale, FL 33823</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KALBFLEISCH, ALISON</b>	4.2 NAME	<b>Tarallo, Terry</b>
STREET ADDRESS	<b>2101 KIRKLAND LAKE DR.</b>	4.3 STREET ADDRESS	<b>114 Bergen Circle</b>
CITY-ST-ZIP	<b>AUBURDALE FL</b>	4.4 CITY-ST-ZIP	<b>Auburndale, FL 33823</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	5.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALDWIN, CAROL</b>	5.2 NAME	<b>Brandeberry, Babe</b>
STREET ADDRESS	<b>129 VAN FLEET CT</b>	5.3 STREET ADDRESS	<b>4339 Doral Court</b>
CITY-ST-ZIP	<b>AUBURDALE, FL 00000</b>	5.4 CITY-ST-ZIP	<b>Auburndale, FL 33823</b>
TITLE	<b>VDP</b> <input type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TARALLO, TERRY</b>	6.2 NAME	<b>Calhoun, Anne</b>
STREET ADDRESS	<b>114 BERGEN CIR</b>	6.3 STREET ADDRESS	<b>2030 Kirkland Road</b>
CITY-ST-ZIP	<b>AUBURDALE FL</b>	6.4 CITY-ST-ZIP	<b>Auburndale, FL 33823</b>

14. 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 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: *Pam Brester*      *Terry Tarallo*      *April 15 1998 (907) 967-3845*

CR2E037 (10/97)