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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 765128

1. Corporation Name

SOROSIS WOMAN'S CLUB OF AUBURDALE, INC.

Principal Place of Business

% ANN W JAMES
 115 PATTERSON DRIVE
 AUBURDALE FL 33823

Mailing Address

% ANN W JAMES
 115 PATTERSON DRIVE
 AUBURDALE FL 33823



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/03/1982

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	BRESTER, PAM	
STREET ADDRESS	4888 JULIANA RESERVE DR	
CITY-ST-ZIP	AUBURDALE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DIBENEDETTO, ELAINE	
STREET ADDRESS	4928 LAKE JULIANA RESERVE	
CITY-ST-ZIP	AUBURDALE FL 33823	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SIR, KAROL	
STREET ADDRESS	2229 PALMVIEW CIR. EAST	
CITY-ST-ZIP	AUBURDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CALHOUN, ANNE	
STREET ADDRESS	2030 KIRKLAND RD	
CITY-ST-ZIP	AUBURDDALE FL 33823	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BALDWIN, CAROL	
STREET ADDRESS	129 VAN FLEET CT	
CITY-ST-ZIP	AUBURDALE, FL 00000	
TITLE	VDP	<input type="checkbox"/> DELETE
NAME	TARALLO, TERRY	
STREET ADDRESS	114 BERGEN CIR	
CITY-ST-ZIP	AUBURDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Recording Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lasseigne, Linda	
1.3 STREET ADDRESS	1501 Auburn Oaks, Blvd.	
1.4 CITY-ST-ZIP	Auburndale, FL 33823	
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	James, Janet	
2.3 STREET ADDRESS	901 Liberty Lane	
2.4 CITY-ST-ZIP	Auburndale, FL 33823	
3.1 TITLE	1st Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	McNeill, Jeanne	
3.3 STREET ADDRESS	129 Lakeview Drive	
3.4 CITY-ST-ZIP	Auburndale, FL 33823	
4.1 TITLE	2nd Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Faulkner-Davis, Carol	
4.3 STREET ADDRESS	123 Van Fleet Court	
4.4 CITY-ST-ZIP	Auburndale, FL 33823	
5.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Brandeberry, Babe	
5.3 STREET ADDRESS	4339 Doral Court	
5.4 CITY-ST-ZIP	Lakeland, FL 33801	
6.1 TITLE	D	<input 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 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, with all other like empowered.

SIGNATURE: Janet James **REQUIRE** Janet James March 3 1999 (941) 967-5861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)