FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -2 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767334 (6)

1. Corporation Name

ENDOWMENT AND BEQUEST FUND OF SOROSIS, INC.

Principal Place of Business	Mailing Address
501 E LIVINGSTON ST ORLANDO FL 32803	501 E LIVINGSTON ST ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1983
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2290286 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

MAXWELL, MURIEL
501 EAST LIVINGSTON ST
ORLANDO FL 32803

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 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 _____ 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	PD	1.1 TITLE	A/D (Administrator/Dir)	☒ Change ☒ Addition
NAME	MAXWELL, MURIEL	1.2 NAME		
STREET ADDRESS	3226 CLEMWOOD DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803-6902	1.4 CITY-ST-ZIP		32803-6902
TITLE	~~VTD~~	2.1 TITLE	VA/D (Vice Admin./Dir)	☒ Change ☐ Addition
NAME	~~STEVENS, ELIZABETH T~~	2.2 NAME	LUTZ, MARGUERITE	
STREET ADDRESS	~~1819 HARRISON AVENUE~~	2.3 STREET ADDRESS	1730 WINDSOR DRIVE	
CITY-ST-ZIP	~~ORLANDO FL~~	2.4 CITY-ST-ZIP	WINTER PARK FL 32789-2769	
TITLE	~~SD~~	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	~~MIXNER, MARY M~~	3.2 NAME	GIDDENS, MIDGE	
STREET ADDRESS	~~1032-A E MICHIGAN ST~~	3.3 STREET ADDRESS	1516 DOVE DRIVE	
CITY-ST-ZIP	~~ORLANDO FL~~	3.4 CITY-ST-ZIP	ORLANDO FL 32803-2418	
TITLE	~~D~~	4.1 TITLE	T/D	☒ Change ☐ Addition
NAME	~~LAWTON, MADALYNE~~	4.2 NAME	STEVENS, ELIZABETH T.	
STREET ADDRESS	~~1114 MEADOWS AVE~~	4.3 STREET ADDRESS	1819 HARRISON AVENUE	
CITY-ST-ZIP	~~ORLANDO FL~~	4.4 CITY-ST-ZIP	ORLANDO FL 32804-5830	
TITLE	D	5.1 TITLE		☐ Change ☒ Addition
NAME	WATSON, DOROTHEA	5.2 NAME		
STREET ADDRESS	320 N MAGNOLIA AVE 1-A	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP		32801-1660
TITLE	~~D~~	6.1 TITLE	D	☒ Change ☐ Addition
NAME	~~WILSON, MARY E~~	6.2 NAME	LAWTON, MADALYNE	
STREET ADDRESS	~~539 KITTREDGE AVE~~	6.3 STREET ADDRESS	1114 MEADOWS AVENUE	
CITY-ST-ZIP	~~ORLANDO FL~~	6.4 CITY-ST-ZIP	ORLANDO FL 32804-2122	

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: Muriel Maxwell Feb 21, 1995 407 894 7738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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