

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 # 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

3. Date Incorporated or Qualified
03/08/1983

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2290286

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAXWELL, MURIEL
501 EAST LIVINGSTON ST
ORLANDO FL 32803**

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 **AD** ☐ DELETE

NAME **MAXWELL, MURIEL**
STREET ADDRESS **3226 CLEMWOOD DRIVE**
CITY - ST - ZIP **ORLANDO FL**

TITLE **TD** ☐ DELETE

NAME **STEVENS, ELIZABETH T**
STREET ADDRESS **1819 HARRISON AVENUE**
CITY - ST - ZIP **ORLANDO FL 32804-5830**

TITLE **VAD** ☐ DELETE

NAME **LUTZ, MARGUERITE**
STREET ADDRESS **1730 WINDSOR DR**
CITY - ST - ZIP **WINTER PARK FL**

TITLE **AD** ☐ DELETE

NAME **LAWTON, MADALYNE**
STREET ADDRESS **1114 MEADOWS AVE**
CITY - ST - ZIP **ORLANDO FL**

TITLE **AD** ☐ DELETE

NAME **WATSON, DOROTHEA**
STREET ADDRESS **320 N MAGNOLIA AVE 1-A**
CITY - ST - ZIP **ORLANDO FL**

TITLE **AD** ☐ DELETE

NAME **GIDDENS, MIDGE**
STREET ADDRESS **1516 DOVE DR**
CITY - ST - ZIP **ORLANDO FL 32803-2418**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP **32803-6902**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE **D** ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP **32784-2769**

4.1 TITLE **AD** ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP **32804-2132**

5.1 TITLE **VAD** ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP **32801-1660**

6.1 TITLE **SD** ☐ Change ☒ Addition

6.2 NAME **BARLO, SUSAN**
6.3 STREET ADDRESS **2320 HUNTINGTON GREEN COURT**
6.4 CITY - ST - ZIP **ORLANDO FL 32839-2103**

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:

Elizabeth T. Stevens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELIZABETH T. STEVENS

February 12, 1996 **(407) 425-2802**
Date Daytime Phone #

CR2E037 (12/95)