

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: **501 E LIVINGSTON ST ORLANDO FL 32803**
Mailing Address: **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	4. FEI Number	Applied For
21	26	59-2290286	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country		
24	25	29	30

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	-AD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, MURIEL	1.2 NAME	
STREET ADDRESS	3226 CLEMWOOD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	32803-6902
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, ELIZABETH T	2.2 NAME	
STREET ADDRESS	1819 HARRISON AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804-5830	2.4 CITY-ST-ZIP	
TITLE	-VAD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTZ, MARGUERITE	3.2 NAME	
STREET ADDRESS	1730 WINDSOR DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	32789-2769
TITLE	-D <input type="checkbox"/> DELETE	4.1 TITLE	AD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWTON, MADALYNE	4.2 NAME	
STREET ADDRESS	1114 MEADOWS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	32804-2122
TITLE	-D <input type="checkbox"/> DELETE	5.1 TITLE	VAD <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIDDENS, MIDGE	6.2 NAME	BARLO, SUSAN
STREET ADDRESS	1516 DOVE DR	6.3 STREET ADDRESS	2320 HUNTINGTON GREEN COURT
CITY-ST-ZIP	ORLANDO FL 32803-2418	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 February 12, 1996 (407) 425-2802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ELIZABETH T. STEVENS

CR2E037 (12/95)