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 -1 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08502 (9)

1. Corporation Name
SOROPTIMIST INTERNATIONAL OF HOLIDAY ISLES, FL., INC.

Principal Place of Business	Mailing Address
PO BOX 8263 MADERIA BEACH FL 33738	PO BOX 8263 MADERIA BEACH FL 33738

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1985
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-6153161 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26): SAME / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THOMPSON, DORIS
220-126TH AVENUE
TREASURE ISLAND FL 33706

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	D	1.1 TITLE	President ☐ Change ☒ Addition
NAME	WHITE, DONNA A	1.2 NAME	LuAnne K. Frolick
STREET ADDRESS	8401 W. GULF BLVD.	1.3 STREET ADDRESS	6236 93rd Terrace, N.,
CITY-ST-ZIP	TREASURE ISLAND FL	1.4 CITY-ST-ZIP	Pinellas Park, Fl.,
TITLE	~~F~~	2.1 TITLE	Vice President ☐ Change ☒ Addition
NAME	~~ROBINSON,JULIE G.~~	2.2 NAME	Stacy Ruggiero
STREET ADDRESS	~~8525 BLIND PASS RD.~~	2.3 STREET ADDRESS	835 Capri Blvd.,
CITY-ST-ZIP	~~ST PETERSBURG BCH FL~~	2.4 CITY-ST-ZIP	Treasure Island, Fl.,
TITLE	~~P~~ T	3.1 TITLE	Secretary ☐ Change ☒ Addition
NAME	THOMPSON, DORIS W	3.2 NAME	Martha S, Hamil
STREET ADDRESS	220-126TH AVENUE	3.3 STREET ADDRESS	12479 81st Pl., N.,
CITY-ST-ZIP	TREASURE ISLAND FL	3.4 CITY-ST-ZIP	Seminole,Fl.
TITLE	~~P~~ D	4.1 TITLE	☐ Change ☐ Addition
NAME	TOLISANO, ERNESTINE	4.2 NAME	
STREET ADDRESS	6331 4TH PALM POINT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG BCH FL	4.4 CITY-ST-ZIP	
TITLE	~~S~~ D	5.1 TITLE	☐ Change ☐ Addition
NAME	HENDRIXSON, EILEEN M	5.2 NAME	
STREET ADDRESS	7650 BAY SHORE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL	5.4 CITY-ST-ZIP	
TITLE	~~VP~~	6.1 TITLE	☐ Change ☐ Addition
NAME	~~WOOD, HELEN M~~	6.2 NAME	
STREET ADDRESS	~~11080 16T CT, E.~~	6.3 STREET ADDRESS	
CITY-ST-ZIP	~~TREASURE ISLAND FL~~	6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: Doris W. Thompson Treasurer 2/23/94 813-360-5148
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Date — Daytime Phone #
DORIS W. Thompson

005610